### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

u6196

Reg. Dist. No.

a. COUNTY	egany		MARYI	LAND	a. STATE	,	ceused live	b. COUNTY	Alle			,,,,,
b. CITY OR TOWN	(If autside corparate lim	its, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TO		carporate 1	imits, write R				n)
RURAL and give			Ohre 15mi		V XXXXXX	XXXXXX	La V	ale				
Cumber d NAME OF HOS	PITAL (If not in hospital, )	rive street	of a day on the at the state of a linear	Il.	d. STREET ADD	RESS			_		e. IS RES	IDENCE
OR INSTITUTIO	N	give sireor	9001033)		1	XXXXXX	Holly	Avenu	ue		ON A	FARM?
Sacred F	leart Mospit	a]			22.22		XXXXX				IES L	NOVE
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. D		Mon	th	Do	,	Year
(Type ar print)	oT,	hn			Agress		EATH	6		1.5		1959_
S. SEX		-	IED NEVER MARRIE	DП	B. DATE OF BIRTH		9. A	GE (In years	IF UNDER			7
Male	White	WIDOWI			12-16-89		65	st birthday) yrs.	Months	Days	Haurs	Min:
100. USUAL OCCUPA	TION (Give kind of wark	dane 10b.	KIND OF BUSINESS OF	R INDU	STRY 11. BIRTHPLAC	E (State or fare	eign cauntry	/)	12.CIT	IZEN O	WHAT	OUNTRY?
Seli	rorking life, even if retired Pemployed	1	umb . Window	17 CT	ean Au	stria				U.S	A.	
13. FATHER'S NAME	-emproyed		ing 50.	18 02	14. MOTHER'S M.				1			
13. PATRICK 3 PARKE					131 1110 11121 3 111	1021110111						
John	Agress				Kathle	en	?					
1S. WAS DECEASED 6 (Yes, no, or unknown)	VER IN U. S. ARMED FOI (If yes, give wer or dates of		SOCIAL SECURITY NO.	.   '	NFORMANT			Add	ress			
	(4, )-1, (4, 1)	,			Chart							
1B. CAUSE OF E	DEATH   Enter only one o	ause per li	ne far (a), (b), and (c).							INT	ERVAL BI	ETWEEN
	EATH WAS CAUSED BY	10		,		1	00			ON	SET AND	DEATH
1,10	IMMEDIATE CAUSE (		an coro	ny	my oce	was c				1	m	ann
4-20.1	DUE TO	)			lernis					- 1		
Canditions, it		1 00	Money	20	lerons					1	3/	an
gave rise to cause (a), stati	h Dile To	)	0									
lying cause la		c)	_									
Z PART II. (	THER SIGNIFICANT CON	NDITIONS (	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO TE	HETERMINAL D	ISEASE CO	NDITION GIV	VEN IN PAR	RT 1(a)	9. WAS	AUTOPSY
CATIK		1	m								PERIC	NO 1
OR CONTRIBUTION	WAS UNDERLYING A NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	ÇÇURRE	D. (Enter nature of i	njury in Part I	ar Part 11 a	filem 1B.)				
S 20c. TIME OF IN.	JURY Month, Day, Ye	ear 20d. I	NJURY OCCURRED		ACE OF INJURY (Ho		f. (City or t	awn)	(	County)		(State)
Hour a. r	п,	While		fa	ctory, street, office b	idg., etc.)						
₹ p. r	m. 17	at wor	k at work	1				/				
21. I certify	that I attended the	deceas	ed fram 3 -	7-	19 58	ta 0	-/	1959	that I le	ast sa	w the d	deceased
alive an	4-15	19	29, and that	death	accurred at	0 M, 1	fram the	causes ar	id on th	e date	e state	d abave
	10 10 -		7					city or town,				TE SIGNED
ACTUAL	1 Paris	1									0-1	6-5
SIGNATURE	1 John	0			M.D							/
PHYSICIAN'S						da 19	- 01	+ 0	trans h	282		
NAME (Type)		200 no	s M.D.			of Gree		-	lumb.			
22g. BURIAL, CREMA		OF	22c. NAME OF CEME	ETERY C	R CREMATORY	· 22d.	LOCATION	(City, town,	ar county)		(Sta	ite)
REMOVAL (Spec	6/18/59		Hillcrest	Bur	rial Park	Çum	berla	and, M	arvla	and		
23. FUNERAL DIRECT			ADDRESS			4a. REC'D BY			ISTRAR'S S		JRE	
	Wafen Cum	hanls	and Manuel	and		JUN 2 2		00	1 - 0	4		

TO HOSPITAL OR VS A15 (4) 1SM 9/SB THE REPORT OF THE PROPERTY OF

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. PL	ACE OF DEATH COUNTY			MARY	LAND	2. USUAL RESIDENCE (WHO STATE	_	d lived. If institution b. COUNTY		e befare odm	ission)
h		(If outside corporate lin	ils write	c. LENGTH OF STAY	INI 15	Maryl				gany	-1
D.	RURAL and give	nearest tawn)	115, WITTE	C. LENGTH OF STAT	IN ID	c. CITY OR TOWN (IF a	utside carpo	irgle limils, write K	UKAL and g	ive nearest to	wnj
-1	Fros		· · · · ·	l hr		XFrostburg					
<b>a</b> .		TAL (If not in hospital, es Hospital		oddress)		Rt. No. 3	(Ecl	chart)		ON	A FARM?
DE	AME OF ECEASED ype ar print)	THERESA	rst	Middle	ALI	LEGRETTO	4. DATE OF DEATH	Mon	ih	26th	Yeor 19 59
. SE	X	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	ЕРП	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF UN	
	ল	W	WIDOW			8- 6-1886		last bipthology)	Months	Days Hour	Min.
0a. (	USUAL OCCUPAT	ION (Give kind of wark	dane 10b	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State	or foreign o		12. CITI	ZEN OF WHA	T COUNT
9	during most of wo	rking life, even if refire	1 -	wn home		Conzena,				S.A.	
_	ATHER'S NAME					14. MOTHER'S MAIDEN N					
	Unknow	164	1.544			Unknown	4. 1144				
		1 (Gianno	-	SOCIAL SECURITY NO	117 44	VEORMANT.		10 - 1-1			
	no. or unknown)	If yes, give war or dates of		**			7 77	4	mart)		
_	No								2:5 9177	Agthi	rg.
	420.1	EATH (Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE (	٠١	none for (a). (b), and (c).	to the same of the	rs.Frank Or	sign	Carlo A	Disc.	INTERVAL ONSET AN	BETWEEN
		ATH (Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE To only, which immediate and one of the under-			to the same of the	occlus Condio	vas	culord	listry	INTERVAL	BETWEEN
	PART II. DE  420.1  Candillions, if gove rise ta couse (a), stating lying cause last  PART II. O	ATH (Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE TO Only, which immediate g the under the control of the control only on the control only on the control on	D) D	he far (a). (b), and (c).  Lyporton  CONTRIBUTING TO DEA	ATH BUT I	Condio	VOS	cueland	Disco	INTERVAL ONSET AN	AUTOPSY ORMER?
200	PART I. DE  4 20.1  Candilions, if gove rise ta couse (a), stating lying couse last  PART II. Of  PART III. OF  P	ATH (Enler anly one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE To any, which immediate g the under-	D) D	he far (a). (b), and (c).  Lyporton  CONTRIBUTING TO DEA	ATH BUT I	4 Condio	VOS	cueland	Disco	INTERVAL ONSET AN	AUTOPSY ORMER?
1000	PART I. DE  4 20.1  Candilions, if gove rise ta couse (a), stating lying couse last  PART II. Of  PART III. OF  P	ATH (Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE TO ONLY ON THE ONLY ONLY ON THE ONLY O	DI DI DES	CONTRIBUTING TO DEA	ATH BUT I	Condio	NAL DISEAS	CULOVALE CONDITION GIV	PEN IN PART	INTERVAL ONSET AN	AUTOPS ORMER?
2 C C C C C C C C C C C C C C C C C C C	PART I. DE  Candilions, if gove rise ta couse (a), stating lying couse last  PART II. O  PART II. O  CO. ACCIDENT W  OR CONTRIBUTIN IF EITHER, NOTIF  OC. TIME OF INJL  Hour o. m.  P. m.  Cl. I centry in  Clive on	ATH (Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE TO ONLY ON THE ONLY ONLY ON THE ONLY O	20b. DES	CONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TERMI CE OF INJURY (Home, form tory, street, office bldg., etc.	NAL DISEAS Port I or Par 1 20f. (City 1) 1 20M, from	E CONDITION GIV	Pen in part  (Co.  That I lead on the	Interval ONSET AN STATE ON SET AN SET	GAUTOPSION NO STATE OF THE PROPERTY OF THE PRO
2 C C A S S P N	PART I. DE  Candilions, if gove rise ta couse (a), stating lying couse last  PART II. O  COD, ACCIDENT W  DR CONTRIBUTIN Haur o. m. p. m.  Cl. I centify Dive an  ACTUAL BIGNATURE  PHYSICIAN'S NAME (Type)	ATH (Enter anly one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE TO GRY, which immediate g the under.  THER SIGNIFICANT COI  TAS UNDERLYING GOOD CAUSE OF DEATH Y MEDICAL EXAMINER)  THAT I attended the	20b. DES	CONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TERMI  CE OF INJURY (Home, form tory, street, office bldg., etc.)  19 77, to occurred at 2000	NAL DISEAS Port I or Par  201. (City  ADDRESS (S	E CONDITION GIV  I H of item 18.)  or town)  1 Ho causes of treet, city or town,  O Adw.  OS +64	TEN IN PART  (Co.  That I lead on the state)	Interval ONSET AN ONSET AND	SAUTOPS'S ORMER?  (Stote decease ded about a side of the control o
2 C (1 C A S S P N	PART I. DE  Candilions, if gove rise to couse (a), stating lying couse lost  PART II. O  PART II. O  CONTRIBUTIN Hour o. m. p. m.  Cl. I centry to cottual Higharure  Physician's	ATH (Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ( DUE To only, which immediate githe under.) THER SIGNIFICANT COI  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Doy, You hat I attended the only of the only one of the only one of the on	20b. DES  20b. DES  20c. DES  20d. I While of wor	CONTRIBUTING TO DEA  CRIBE HOW INJURY OF CONTRIBUTING TO DEA  CRIBE HOW INJURY	ATH BUT I	NOT RELATED TO THE TERMI  CE OF INJURY (Home, form tory, street, office bldg., etc.)  19 77, to occurred at 2000	NAL DISEAS Port I or Par  20f. (City  ADA, from ADDRESS (SI  FR  22d. LOCA	E CONDITION GIVE I H of item 18.)  or town)  1 195	TEN IN PART  (Co.  That I lead on the state)	Interval ONSET AN ONSET AND ONSET AN	AUTOPS' ORMER? SAUTOPS' ORMER? Store

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VS A1S (4) 1SM 9/S5 No.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6201

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 110198

					,						
	LACE OF DEATH			MARYLAND	2. USUAL RESI	DENCE (W	here deceased li	ved. If institution	on: Residence	before ad	mission)
		llegany		MARTLAND		Marv			Alleg	anv	
1	<ul> <li>CITY OR TOWN (I RURAL and give no</li> </ul>	f outside carporate limi parest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF	autside carporal	e limits, write RI	URAL and give	nearest I	lown]
	Cumberlar	nd		56 Years	Jac Cramb	perla	nd				
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	d. STREET A					e. 15	RESIDENCE
		river Aven	10		811 S	ami maa	r Avenue				N A FARM?
2						-				1	L 100
	NAME OF DECEASED	Fir	st	Middle	Los	LT.	4. DATE OF	Mon	th	Day	Yeor
	Type or print)	Mar	ion	Kemp A	rthur		DEATH	June		13	19 59
5. 5	EX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. DATE OF SIRT	Н	9.	AGE (In years lost birthdoy)	IF UNDER 1 Y		NDER 24 HRS.
	Female	White	WIDOW	ED DIVORCED	Dec 20.	1896		62 yrs.	Manths Da	ys Hou	ors Min.
	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU			ar foreign cour		12. CITIZE	N OF WH	AT COUNTRY?
	during most or work	ung life, even if refired	)							_	
12	Housek	eeper		At Home	14. MOTHER'S		rginia		U	S.	Α.
13.	FAITER 3 NAME				14. MOTHER S	MAIDEN	NAME				
	Edwa	rd D. Cole	ate		CI	lara 1	Lenox				
15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		-	Addr	ess		
	No	for hard days and on the same on a		None F	lobert A.	Arth	nur Ci	mberlan	d Mar	vland	4
		TH [Enter only one co	use per lis	ne for (o), (b), and (c).]		- AL 1/1	IGI O	AUOCI Tal			SETWEEN
		TH WAS CAUSED BY:		1/1/60,000	60		1	2 1/4			ND DEATH
		IMMEDIATE CAUSE (o	)	17 y perne	MANO	un	, -/c	ellet		17	edy)
	180x	DUE TO		1//	111	1.0		/		V	
	Canditians, if a		1		Ple	due	9				
	gove rise to it	mmediate (					1				
	lying cause last.	(c	,								
Z	-PART IS. OTH			ONTRIBUTING TO DEATH BUT	NOT RELATED/TO	THETERM	INAL DISEASE C	ONDITION GIV	EN IN PART 16	110 W	AS AUTOPSY
CERTIFICATION	10101,0	-000 110	tro	Leal do	16.60		60. 0	111111	PIA DATAME OF	PEI	REORMED?
FIC	20- ACCIDENT NA	A COL VIVE	201- 055	1 a muy	179/14	rue	CUSTO	un		YES	□ NO □
ERT	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	200. DES	CRIBE HOW HUNRY OCCURRE	D. (Enler pature o	a infact he	Part 1 or Part 11	of (fem 18.)			
									And other Designation of the last		
NA.		Y Month, Day, Yes			ACE OF INJURY (	Home, farn	n, 20f. (City or	town)	(Cou	nly)	(State)
MEDICAL	Hour a.m.,,	19	of war	Nor while to	ciory, sireer, diring	E-monarc				-	Mary and Address of the Control of t
			1	-1.6/	1054		1/12		ta		
		at lattended the	deceas	early.	1927	_, ta(	2/12-	-	7		ne deceased
	alive an	en	, 12_5	-4-, and that death	occurred at		M, fram 1	he causes a	nd an the	date st	ated above.
	0.57	Nh.		, .		-	ADDRESS (Street	it, city or tawn,	state)		DATE SIGNED
	ACTUAL SIGNATURE	AMILI	ler	suan	M.D. 5	5	ORE	ENE	8	6	01/5/6
		5 Cm 1	.1-	-lehadel.		7	and the second		y	/ ~	-4-1-1-)
	PHYSICIAN'S NAME (Type)	21416	UC	1344V V	10 (	ON	BERL	AND	11	10	
22a	BURIAL CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCATIO	N (City, tawn, a	r (aunty)	(5	itate)
	REMOVAL (Specify) Burial	6/16/59		Hillcrest Bu	rial Par	alc.		erland.			•
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	4 201		D BY REGISTRA		TRAR'S SIGNA		
	Ruth E. S	ilcov C	mber	land, Maryland	)	DATE J			sting 8, 7		
	TAKALI TIP D	TTCOY C	minel	rand, hary rand	l.	DVIE 0	OH I J O	-	20, 7	- 5-4-5-	

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o. STATE

d. STREET ADDRESS

Lost

Maryland

La Valte

4. DATE

546 Park Avenue

e. IS RESIDENCE ON A FARM? YES NO TE

Year

Reg. Dist. No.

Allegany

Day

2. USUAL RESIDENCE [Where deceased lived. If institution, Residence before admission]

c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

b. COUNTY

Month

MARYLAND

c. LENGTH OF STAY IN 16

Middle

vears

La Vale

3. NAME OF DECEASED

Allegany

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

First

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

546 Park Avenue

be filed with in by the fu filled i

executed within 24 hours ofter

ING PHYSICIAN: The law requires that the death certificate be VS A1

		Paul			Baker		June	20		9 5
	sex	6. COLOR OR RACE	THE STATE OF THE S	DIVORCED	8. DATE OF BIRTH June 22, 1913	3	9. AGE (In years lost birthday) 40 yrs.		Doys Hours	R 24 HF Min.
					STRY 11. BIRTHPLACE (Stote	or foreign co	No. of the last of	12. CIT	ZEN OF WHAT	COUN
	Engineer				o Petershu			inia	USA	
13.	FATHER'S NAME		Railro		14. MOTHER'S MAIDEN		BU TALE	219201	0.011	
	Pohent W	Baker, S			Cornelia	Steve	ngon			
		VER IN U. S. ARMED FO	RCES? 16. SOCIAL SECU	JRITY NO. 17. H	NFORMANT		Park M	nue		
1"	VPS	WW 1	tetalcel	Mr	s. Sue Baker		_		nd	
		EATH [Enter only one o	ause per lipe for (a), (b)		-/				INTERVAL BE	TWEE
	PART 1. D	EATH WAS CAUSED BY:	a la	0-4 4-4	Tha		har in		ONSET AND	DEAT
1.	11201	DUE TO			1				7.00	
	Conditions, if	any, which )	b)		1				- 4	
	gove rise to carse (a), statin	immediate [			(48)					
	lying couse las		c)							
- 2	0 11 .0									
a   Q	PART II. U	THEK SIGNIFICANT LOP	IDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	UTC
CATIO	PART II. C	THEK SIGNIFICANT COR	NDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS PERFO	RME
CERTIFICATION	20g. ACCIDENT VOR CONTRIBUTION	VAS UNDERLYING AND CAUSE OF DEATH	20b. DESCRIBE HOW I		D. (Enter nature of injury in			EN IN PART	PERFO	RMEI
CERTIFI	20a. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF INJUDICAL HOUR O. III	VAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Day, Ye	20b. DESCRIBE HOW I	NJURY OCCURRED  RRED 20e. PL/		Port I ar Part	II of item 18.)		PERFO	NC
MEDICAL CERTIFICATIO	20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTII 20c. TIME OF INJI Hour g. m	NAS UNDERLYING CAUSE OF DEATH PY MEDICAL EXAMINER) URY Month, Day, Yo	20b. DESCRIBE HOW I	RRED 20e. PU	D. (Enter nature of injury in ACE OF INJURY (Home, form clory, street, office bldg., etc.	Port I or Port	II of item 18.) or town)	(C	PERFO YES	RMEI NC
CERTIFI	20a, ACCIDENT VOR CONTRIBUTIN (IF EITHER, NOTIL) 20c. TIME OF INJU- Hour o. m p. m 21. I certify	VAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Day, Ye	206. DESCRIBE HOW I	RRED 200. PLA	O. (Enter nature of injury in ACE OF INJURY (Home, form clory, street, office bldg., etc.)	20f. (City	II of item 18.) or town)		PERFO YES Ounty)	RMEI NO
CERTIFI	20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTII 20c. TIME OF INJI Hour g. m	NAS UNDERLYING CAUSE OF DEATH PY MEDICAL EXAMINER) URY Month, Day, Yo	206. DESCRIBE HOW I	RRED 200. PLA	D. (Enter nature of injury in ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City	II of item 18.) or town)	that   1	ounty)  ast saw the se dote state	(S
CERTIFI	20a. ACCIDENT VOR CONTRIBUTING IF EITHER, NOTIL 120c. TIME OF INJUNE OF INJU	NAS UNDERLYING CAUSE OF DEATH PY MEDICAL EXAMINER) URY Month, Day, Yo	206. DESCRIBE HOW I	RRED 200. PLA	O. (Enter nature of injury in ACE OF INJURY (Home, form clory, street, office bldg., etc.)	20f. (City	or town)	that   1	ounty)  ast saw the se dote state	(S)
CERTIFI	20a. ACCIDENT VOR CONTRIBUTING IF EITHER, NOTILI 20c. TIME OF INJUNE OF INJU	NAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Day, Yo	206. DESCRIBE HOW I	RRED 200. PLA	O. (Enter nature of injury in ACE OF INJURY (Home, form clory, street, office bldg., etc.)	20f. (City	or town)	that   1	ounty)  ast saw the se dote state	(S)
CERTIFI	20a. ACCIDENT VOR CONTRIBUTING IF EITHER, NOTIL 120c. TIME OF INJUNE OF INJU	WAS UNDERLYING COME CAUSE OF DEATH OF MEDICAL EXAMINER)  URY Month, Doy, You  that I oftended the  A. M. Y.C.	206. DESCRIBE HOW I	RRED 200. PU	O. (Enter nature of injury in ACE OF INJURY (Home, form clory, street, office bldg., etc.)	20f. (City) 20f. (	or town)  59, 19 the couses of reet, city or town	that I it	ounty)  ast saw the se dote state	(S)
MEDICAL CERTIFI	20g. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF INJU- Hour o. m p. m 21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME [Type]	VAS UNDERLYING DISCOURSE OF DEATH OF MEDICAL EXAMINER)  URY Month, Doy, Ye  19  that Jostended the  20, S  L. B. M.:  ION, 226. DATE THERE	206. DESCRIBE HOW I	RRED 200. PU	ACE OF INJURY (Home, form clory, street, office bldg., etc.  9, 19, to 4 occurred of 7:74  M.D. 49 Greene	20f. (City) 20f. (	or town)  59, 19 the couses of reet, city or town	that     ond on the state)	ounty)  ast saw the me dote state	(S)
MEDICAL CERTIFI	20a. ACCIDENT VOR CONTRIBUTING IF EITHER, NOTILI 20c. TIME OF INJU Hour o. mp. m  21. I certify alive on	VAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER) URY Manth, Day, Ye  that Jottended the  20,5  L. B. Ma	205. DESCRIBE HOW I  work 20d. INJURY OCCU While at work at work at work at work  at Lews M.1  OF 22c. NAME	RRED 20e. PU foc foc foc that death	D. (Enter nature of injury in ACE OF INJURY (Home, formationy, street, office bldg., etc.)  9, 19, 10, 40, occurred of 7:74  M.D. 49 Greene	20f. (City) 20f. (	or town)  SS, 19 the couses of reel, city or town  Cumberla  ION (City, town, or town, or town, town, town, town, town, town, or town, tow	inthat I is and on the state) and, I are county)	ounty)  ast saw the se dote state  MD	(S)
MEDICAL CERTIFI	20g. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF INJU- Hour o. m p. m 21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  OBURIAL, CREMAT REMOVAL (Specil BITIAL FUNERAL DIRECTO	VAS UNDERLYING CAUSE OF DEATH AND CAUSE A	20b. DESCRIBE HOW I  20d. INJURY OCCU  While of work of work  deceased from  719, and  athews M.1  OF 22c. NAME  ADDRE	RRED 200. PU for for the death Sond that death Sond that death Sond that death Sond that Bussel State	D. (Enter nature of injury in  ACE OF INJURY (Home, form clory, street, office bidg., etc.)  9, 19, 10, 40  occurred of 7:74  M.D. 49 Greene  R CREMATORY  Prial Park  240. REC'	20f. (City) 20f. (	or town)  Sq. 19 the couses of reet, city or town.  Cumber 1: ION (City, Iown, of the couse of t	and, later or country)	ounty)  ast saw the me dote state  MD. Marylan	(S)

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retained by Technospital or attending physician.	: A DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the top of director,	should be detached for use as the burial-transis permit. Then please remove carbon popers, Reges 1 and 2 should be fried with	troe bring to buried crampation or removed and in one arent within 79 hours after cloth.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

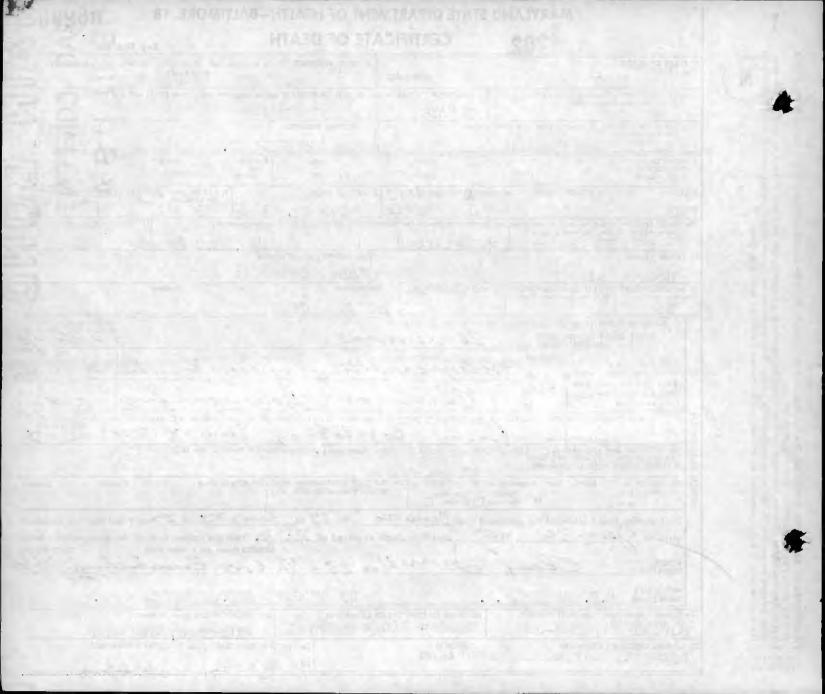
116200

CEPTIFICATE OF DEATH

	. 021	12	CLIC	111101	AIL OI L				Reg. D	ist. No.		
1. PLACE OF DEAT	H VGANY		MA	RYLAND	2. USUAL RESI	DENCE (W	here deceased	lived. If instituti b. COUNTY	on: Reside	nce before	e odmissi	on)
b. CITY OR TOW	/N (If outside carporote lin	its, write	c. LENGTH OF ST	AY IN 16	c. CITY OR I	OWN (If	outside corpo	rate limits, write R	URAL ond	give near	est town	1
RURAL and gi	ve neorest town)		25 DAYS		100 -	THEFE						
d. NAME OF HO OR INSTITUTE	OSPITAL (If not in hospital, ON	give street o	rddress)		d. STREET A				-	e	. IS RESI	FARM?
SACRET	HEART HOSP	TAT			30	09 EM	TIN ST				YES [	NO 🔼
3. NAME OF DECEASED		rst	Mide	dle	Los	t	4. DATE OF	Mar	ils	Day	Y	ear
(Type or print)	DA		W		BALDWIL		DEATH	JUN	E	-30		9 59
S. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MAI	RRIED 🔲	8. DATE OF BIRTI	4		9. AGE (In years lost birthday)	Months	R 1 YEAR Days	Hours [	R 24 HRS. Min.
MAIE	WHITE	WIDOWE		CED 🔲	MARCH	26,	1.886	73 yrs.		Doys	riours	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10a. USUAL OCCUP during most of	ATION (Give kind of work working life, even if retire	done 10b.			ISTRY 11, BIRTHPL	ACE (State	e ar foreign c	ountry)	12. CI			COUNTRY
Mr. of also po	IRED Black	smitt	n Railro	pad		Tim		Knox Co	unty		JSA	
13. FATHER'S NAME					14. MOTHER'S							
Homer	Baldwin				Roses	Dev	ender					
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY I	NO. 17.	INFORMANT			Add	ress			1 2
No				P	ATTEN S	CHAR	T					
18. CAUSE OF	DEATH [Enter only one of	ause per lin	e for (a), (b), and	(c).]				P., P 1 - 2 - 2			RVAL BE	
PART I.	DEATH WAS CAUSED BY:	-1	Three		un					ONS	TAND	DEATH
606							-		_			7
		-2	dun	an	Lite:	-	Siera	-la	1.7	-	> -2	
	if any, which )	b)	Je c	2000			~	0	(3		> _	
couse (o), sto	ting the under-	0	12000	1.	0 .	-51			1	2.1	100	
lying couse I		c)	CEAL	-0-		100				4		
PART II.	Sules	- NOITIONS	erbie	DEATH BUT	NOT RELATED TO	THE TERM	AINAL DISEAS	E CONDITION GIV	195	RT I(a) 19	PERFOI YES [	MED?
	WAS UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture o	f injury in	Part I or Par	t 11 of item 18.)	,			
200. ACCIDENT OR CONTRIBUT (IF EITHER, NO	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)											
Z 20c. TIME OF IN	NJURY Manth, Day, Y-	para-20d. IN	IJURY OCCURRED	20e. Pt	ACE OF INJURY I	Home, for	m, 20f. (City	or town)		(County)		(State)
20c. TIME OF IN Hour o. p.	m. m. 19	While of work	Not while	fo	ctory, street, office	blog., et	c.)					
21. I certify	that I attended the	e decease	ed from Ocu	ac Zo	0 , 19 5	7. 1a	Leave	50 19 5	That I	last sa	w the	deceased
alive on	Jun 30	19-5	much Ld		occurred at	116						
0	7			0. 000.	. 400000 40	1232065		treet, city or town,		ine dan		TE SIGNES
ACTUAL SIGNATURE	Cle	up)	ofin	rely	M.D. 23	6 Va	Car	E Cars	nd	Ma	el,	7/./5
PHYSICIAN'S NAME (Type)	C.E. DURRE	T.M.E			236 V	IRGI	ITA AVE	., CUMBE	FUA NI	MD.		
220. BURIAL, CREM.	ATION, 22b. DATE THERE	OF	22c. NAME OF C				22d. LOCA	TION (City, town,	or county)		(State	)
Burlai	7-3-59	9	Meadow	Rid	ge Memo	ral	Ell	cridge.	Marv	land		
23. FUNERAL DIREC	TOR'S SIGNATURE	: Char	ADDRESS				D BY REGIST		-	IGNATUR	E	
James F.	. Scarpell	I Cull	mer. rand			0.75	1146 m	E0 -				

DATE JUL 6

VS A1S (4) 15M 10/S7



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

e. IS RESIDENCE

22

DOVE

(County)

USA

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO IT

(State)

DATE SIGNED

(Stole)

Maryland

hours

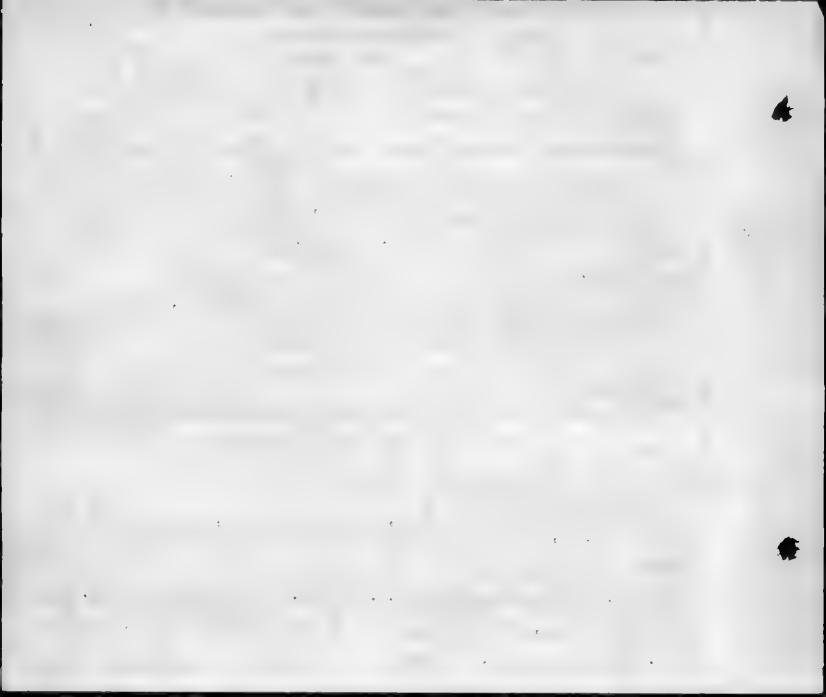
ON A FARM?

YES NO S

Year

59 19

15M 9/55



M funeral director, uld be filed with

TO HOSPITAL OR MINIO PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the figure 3 should be detached for use as the burial-transit permit. Then please remains carbon papers. Pages 1 and 2 should the registrar prior to burial, ar removal, and in any event within 72 haurs often bearing.	)
oe executed within 24 ho and completely filled in bon papers. Pages 1 on or bearing	)
and completely filled both papers. Pages 1	)
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1	PLACE OF DEATH a. COUNTY				- 11	USUAL RESID	ENCE (Wh	ere decegse	d lived. If institute b. COUNTY		ce befo	re admis	sian)
	*776	Many.		MARYLI	AND		Marrol	land	U. COUNTY	477	10	47	
		f outside corporate limit	ts, write	c LENGTH OF STAY IN	v 16				rate limits, write R	URAL and	give nec	arest town	n}
	Cumberl	and		7 -2018	0	of Cur	berla	and					
		AL (If not in haspital, g	ive street	address)		d. STREET A	DDRESS					ON A	SIDENCE A FARM?
L		Sacre! Hea	rt Ho	ospit:1		1	11.11ov	brook	Rd.			YES _	NO
3.	NAME OF	Fir	st	Middle		Lost		4. DATE OF	Mor	th	Da	v	Year
	(Type or print)	Anna		ŢwT		P rowr		OF DEATH	1 1- 1	59			19
5.	SEX	6. COLOR OR RACE	7. MARI	RIED - NEVER MARRIED	P   8 0	ATE OF BIRTH	1		9. AGE (In years	IF UNDER		_	7
	D 3	7.70 1.1	WIDOW	ED DIVORCED		10/19	/01		lost birthdoy) フレ yrs.	Months	Doys	Hours	Min.
10.	Female	White		<u> </u>				- C C		120 CITI	751105	CARLATA	COLLETTE
I V	during most of work	ing life, even if retired	done 106.	KIND OF BUSINESS OR	INDUSTRI	TI. BIKIHPU	ACE (Slote	or roreign c	ountry	12.0111	ZENOF	AAUAIC	COUNTRY
1	nousewife		υw	n Home		Ps	J	ohnst	OWN		**	I. Sa.	1 -
13.	FATHER'S NAME				1	4. MOTHER'S			- 11		Y		A.W.
L	John Cunn						Mora	a Cunn	<u>iinghai</u>				
15.	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT			Add	ress			
100	no	(If yes, give war or dates of s	21	5-20-6665		Pt. Cha	n ort						
-	In Calles of one	ma fe	1	- 6 - (-) (0.1 1 1 2 3 7		17					4 IN 3T 0	ERVAL BE	ET) 4/EEA I
		4		ne for (a), (b), and (c)-]							ONS	ET AND	DEATH
	PAKI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	1	Cerebral H	emmor	hase					1_4	day	3
	ии3X	DUE TO				0							
	Canditians is a			Hypertensi	ve He	art Di	Sease						
	Canditions, if an	mmediate /		TAI CT DOWN	4 (						+		
	couse (o), stating	S DUE TO											
	lying couse ast.	} (c	}	Generalized	Arte	rioscl	erosi	.5					
Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS I	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPS'
ΙĔ		4.3											NO!
15	80 A COURT IN 1141	Advanced a		COLDE LIGHT IN THE COLD IN THE	S							1123	140.[
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	CURKED. (I	inler nature of	r injury in I	Part I or Par	t II of item (B.)				
CAL	20. THE OF INDUST	Y Month, Day, Yes	- 100 1 1	niury occurred  2	O. BLACE	OF INJURY (F	1	006 (6")		**	T		464 6
	Hour a.m.	i monte, Day, Te	While		foctor	, street, office	bldg., etc.	i, j 20f. (City -) !	r ar tawn)	(c	County)		(State
MED	p m,	19	of wor	rk at work									
	21 Landification		-d	ed from June 6		105'0	An Tunn	- D	1450	AL -A 1 1-		. 41	
	alive an June	2-7-1	, 125	9, and that o	death ac	curred at_	7.20A	M, fram	the causes ar	id an the	e date		
	/1	1/5-3/		,			-	ADDRESS (S	treet, city or town,	slote)		DA'	TE SIGNE
	ACTUAL SIGNATURE	I Mall	ena	ハタイ	44.0	Cumine	rland	. Mar.	land		6	/10/	r,o
	SIGNATURE					· 27400164184	AL HOUSE LOS	2				L 32 2 1	#. d
	NAME (Type)	Dr. J.P. H.1	lina	n		1	LLO B	edford	Street				
22	BURIAL CREMATIO	N, 22b. DATE THEREC		22c. NAME OF CEMET	EDV OD C				TION (City, town,			(Sta	tel
	REMOVAL (Specify)									,,	14		
	Burial	6/12/59		Davis Mem	oria	1 Come							and
23.	FUNERAL DIRECTOR			ADDRESS				D BY REGIST		STRAR'S SI	GNATU	RE	
	John J. H	afer, Cum	perla	and, Maryla	ınd		DATE J	UN 15	'59 C	Intling 2	8. Ku	nu4	



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116203

	A S S INCL	JICAL	EXAMIN	ER 3	CERTIFICA	AIL OF	DEATH	Reg. Dis	l. No	
PLACE OF DEATH					2. USUAL RESIDENC	E (Where decease			ce before ad	mission)
A 10 10	egany		MARY	LAND	o STATE Mar	yland_	P CORNI		egany	
	utside corporate limits, while I	tuffAs c	LENGTH OF STAY	IN 15			porate limits, write	RURAL and	ive neorest	lown)
	ley Road				X Dt.	1 Val	lev Roa	d Cum	berla	nd M
d NAME OF HOSPITAL	OR INSTITUTION (IF	not in hospiti	al, give strest addres	1}	d STREET ADDRES		eres more	Q JIM	e IS	RES DENT L N. A. FARAS?
Rt. 1. Val	lev Road	Cum	berland		/					NO [
3. NAME OF DECEASED	First		Middle		Losi	4. DATE	Mont	h	Day	Year
(Type or print)	John				Burley	DEATH	June	23		19 59
5, SEX	6 COLOR OR RACE 7	- MARRIED	NEVER MARRIED	8. 0	DATE OF BIRTH		9 AGE  th years	IF UNDER 1	YEAR IF UN	DER 24 HRS
Male	White	WIDOWED [	DIVORCED		z. 13. 19	51	lest bribday)	Months D	ays Hours	Min
100 USUAL OCCUPATION		ne 10b. KIN	D OF BUSINESS OR	INDUSTRY			country)	12. CITIZI	EN OF WHA	T COUNTR'
during most of working Child	life, even if retired)				Meversd	ala Pa	nnsylva	nie	USA	
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME	HIIIBATA	TTRO	UDA	
Change	F Bunlan									
15. WAS DECEASED EVER			CIAL SECURITY NO	17 INF	Stella ormanı		a Address	71. D		
(Yes, no. er enknown)	If you, give war or dates of sev	rvice)		Gl. n.	D		. 1, ^\va	~		
IR CAUSE OF DEATH	t [Enter only one couse	per line for	(a), (b), and (c), ]	Lna	ncy Burle	<u>y</u>	mberlan	d. Mar		WAFI
PART 1. DEATH	WAS CAUSED BY:	Tro	tracranial	har	onnhous				ONSTEAD D	
012 4	MMEDIATE CAUSE (6)	444	Graciania.	1101	101, Hafe				Sud Je	<u> </u>
0/4/	OUE TO	Ole	ull Fracti	130.0					033	
Conditions, if one gave rise to immedia	ole couse (	27.0	ull Fracti	TI.G					Sudde	!n_
(a), stating the un	nderlying DUE TO									
cause last.	R SIGNIFICANT CONDI	TIONS CON	TO BUTING TO DEATH	H RIT NO	T PELATED TO THE TE	DATINIAL DICE AS	E COMPITION GI	VENI MI DAOT	Tent III MEA	ALITOREY
PART H. OTHE	K SIGNIFICATE CONDI	110113 0011	K BOTTO TO DEAT		TREATED TO THE TE	NOTE OF STATE OF	L COMPINION OF	1 PL 2 M 1 V V I	PERF	ORMED?
S - EVYERNIL CAUS	E MAS 200	DEECO: DE LI	IOW SHIPP OCCUR	IDED (E.		D 41 B 41	5.74		YES 🗀	NOIT
20g. EXTERNAL CAUS PRIMARY EL OF CONT CAUSE OF DEATH.	RIBUTING 🗅			. '	er nature of injury in	FOR 1 OF FORT E	of Hem 18.)			
			ruck by at							
7 20c. TIME OF INJURY	Month, Day, Year	While	Not while (1)	factor	OF INJURY (Home, I y, street, office bldg.,	etc.)	y or town)	(Coun	(y)	(State)
3 11 2 5 meal	une 23 1950	ol work	of work	81	reet Rt#1	RD/#	L Cumber?	and Al	] 4,	P.4
21. I certify the	it I toak charge	of the rer	mains described	d abav	e, held an Auto	ipsy 🔲, I	nspection 🕝	Inquiry	y X . a	nd in my
opinion death r	esulted from: No	atural ca	uses 🔲, Accid	dent)[X	, Suicide 🔲,	Homicide	Undete	ermined m	onner 🔲	j
	2 , 1		Patient	, ,					DATE	SIGNED
ACTUAL SIGNATURE	Jessedic	1-1	ketare	luc	MD. CHIEF MEDICA	L EXAMINER	1		DATE	3101469
EVAMINER'S					ASSISTANT ME	DICAL EXAMINE	R 🔲			
NAME (Type) Be	nedict Skit	areli	c. D.		T DEPUTY MEDIC	AL EXAMINER	June 2	3. 195	9	
220. BURIAL, CREMATION			RE. NAME OF CEMETI	ERY OR C	REMATORY	22d. LOCA	TION (City, town,		/	ale)
Burial (Specify)	June 25	,1959	Restlawn	Buer	Park Park	Cumbe	erland,	Maryla	ınd	
23. FUNERAL DIRECTOR'S			ADDRESS		24a. I	EC'D BY REGIST	TRAIR 246 REGI	STRAR'S SIGN	NATURE	
John J. Ha	afer, Cumb	erland	d, Maryla	nd	DATE	UN 2 9 '5	9 Gal	Chun 8 #	10114	
<del></del>										

TO DEPUTY MEDIL — IXAMINER: This certificate shalled be executed within 24 hours ofter death. If — y delay is necresed execute the certification of the funeral disconsistency of the certification of the control of the control of the certification of the certifi **V5.** A15ME \$M 2/57



V5 A15 (4) 15M 9/5B 10

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
6205	CERTIFICATE	OF DEATH	

M

06204

LANGE OF DIATH   C. COUNTY   MARYLAND   C. COUNTY   MARYLAND   C. STATE   COUNTY		0400						•			Reg. Di	st. No.	
b CITY OF FOWN If enumber composed limits, write c LENGH OF STATE IN to EURAL and give nearest flown)  b CITY OF FOWN If enumber composed limits, write RURAL and give nearest flown)  ON THE STATE OF THE STATE OF THE STATE OF STATE IN THE STATE OF THE S	1. PLACE OF DEATH				1 :	2. USUAL RESID	ENCE (Who	ere decease			n: Residen	ce before	e admissian)
B CITY OR TOWN (If outside carporate limits, write BURAL and give necest lown)  CHAPTOR TOWN (If outside carporate limits, write BURAL and give necest lown)  SHAME OF the nice of the popular of the pop	a. COUNTY Allegar	ny		MARYL	AND		arvla	nd	Ь	COUNTY	7700	าทซ	
A NAME OF HOSPITAL (If not in hospital, gives street address)  OR NASTICUTION  OR NASTICUTION  OR NASTICUTION  OR NASTICUTION  SOLUTION  FINANCE OF OR PACE   Marked of Marked o	b CITY OR TOWN (If outside of	arparate limits, w	rite c LEN	NGTH OF STAY II	N 1b				rate limit				rest tawn)
d STREET ADDRESS  30.1 Mc1/11 en Highway  10.2 A PART OF CONTRAIN (If not in hospital, give street oddress)  20. NAME OF CONTRAIN (If not in hospital, give street oddress)  20. NAME OF CONTRAIN (If not in hospital, give street oddress)  20. NAME OF CONTRAIN (If not in hospital, give street oddress)  21. NAME OF CONTRAIN (If not in hospital, give street oddress)  22. NAME OF COLOR OR RACE  33. NAME OF DEATH  34. DATE  35. SEX  36. COLOR OR RACE  37. NAME OF MARRIED   NAVE RAARRIED   NAVE RAARRIED   NAVE RABRIED   NAVE RAARRIED   NAVE RAA	RURAL and give nearest fawr	1)	9	Hrs. 251	ii n	0 0	amh an	hand					
OR INSTITUTION OR INS		in haspital, give s						Talla				-	. IS RESIDENCE
3. NAME OF BEEEASID    Specific   String   Specific   S	OR INSTITUTION					/		n Hia	hunn				ON A FARM?
DECEASED (Type or print)  SUZATING  LUB PUT TO SUZATING  LUB PUT TO SUZATING  LUB PUT TO SUZATING  SUZATING  SUZATING  LUB PUT TO SUZATING				Middle				-	HANY SOLD	Mont	h	Day	Yenr
S. SEX    6. COUR OR RACE   MARRIED   NEW MARRIED   S DATE OF BIRTH   S DATE OF BIRT	DECEASED			_	T		-7-3	OF		_ `			
Description   District   Distri		Suzai	nne		4		eau.		9. AGE	1		1 YEAR	
10. JULIA OCCUPATION (Give kind of work dame)   10. KIND OF BUSINESS OR INDUSTRY   11. BIRTHFIACE (Store or foreign country)   12. CHIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. A. BAND DECEASE					44				lost b	rthday)			
13. FATHER'S NAME		9 /				21 -01 20	CF (State o	or foreign c	quotes)	¥15.	12.CIT	ZEN OF	WHAT COUNTRY?
13. FATHER'S NAME  JUNES TELEPTIAN, Jr.  14. MOTHER'S MAIDEN NAME  Diane  Diane	during mast af warking life, e	ven if retired}	TOD. KITAD	, BOSH 1235 OK	1100011		•		,,		1		
James Titterfield, Jr. Diane Palpe  15. WAS DECEASEDER IN U. S. ARMED FORCES? In u. S. ARMED FORCES. AND DEATH STORY IN U. S. ARMED FORCES. IN u. S. ARMED FORCE	13. FATHER'S NAME			XXXX				_				U . U .	42.6
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO   INFORMANT   Address   NONE   If you gave set or doing of services   16. SOCIAL SECURITY NO   INFORMANT   The young set of date of services   16. SOCIAL SECURITY NO   INFORMANT   The young set of date of services   16. SOCIAL SECURITY NO   INFORMANT   The young set of the		uttenfie	Id Im										
If ye, gave wor or dates of services   NOTO			4		INF		11. 0	carino		Addre	hss.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE (b)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), staling the under couse (a), staling the under couse (a), staling the under couse (b), staling the under couse (c).  PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES, IN O DESCRIBE HOW INJURY OCCURRED (Enter nature & Injury of the under the couse of the c						D+ Lc	ahant						
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 19 10 10 10 10 10 10 10 10 10 10 10 10 10	No					10.5	· · · · · · · · ·					80.000	
DUE TO  Conditions, if any, which gave rise to immediate (b) DUE TO  Lying couse last, staling the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART J(a) 19 WAS AUTOPSY PERFORMED? YES J NO   200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING HOUSE ACCUSE OF DEATH USE FITHER, NOTIFY MEDICAL EXAMINER!  200. TIME OF INJURY MORILIN, Day, Year of work of work of work of work of work.  21. I certify that I attended the deceased from 19 of work of work of work.  21. I certify that I attended the deceased from 19 of work.  21. I certify that I attended the deceased from 19 of work.  21. I certify that I attended the deceased from 19 of work.  22. ADDRESS (Street city or lown, stole)  DATE SIGNED  PHYSICIAN'S LIZ. TO THE REFORMED?  22. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REMOVAL (Specify) RUT 12 JUNE 8, 1959 Zion Memorial Certs.  ADDRESS  240. RECIDER REGISTRAR 240. REGISTRAR'S SIGNATURE  AND CONTRIBUTION (City, town, or county)  (State)  Md.  240. RECIDER REGISTRAR 240. REGISTRAR'S SIGNATURE			per line jor (i	a), (b), and (c).	: . f	clina						ON5I	EL AND DEATH .
Canditians, if any, which gave rise to immediate cause (a), stating the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 PERFORMED? YES, NO DOR ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY MONTH IN INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY MONTH IN INJURY OCCURRED (Enter nature of Injury in Part I ar Part II of I tem 18)  30c. TIME OF INJURY MONTH IN INJURY OCCURRED (Enter nature of I	IMMEDIA	ATE CAUSE (o)	61 3	orgoni	1200	um	-					<i>X</i>	couplant.
gave rise to immediate couse (a), stating the under lying cause lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?   YES   NO	1752x	DUE TO	' /	7									0
DUE TO Lying cause (a), stating the under Lying couse last. (c)  PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO   20a ACCIDENT WAS UNDERSTRING (C) ACCIDENT WAS UN													
State   Stat													
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED White at work at wor													
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED White at work at wor	PART II. OTHER SIGNI	FICANT CONDIT O	ONS CONTRI	BUTING TO DEAT	TH BUT N	OT RELATED TO	THETERMIN	NAL DISEAS	E CONDI	TION GIVE	N IN PAR	T_1(a) 19	WAS AUTOPSY
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED White at work at wor	3 strut	ers of	the K	ulmor	asu	askery	1 on	lu bo	Tale	us a	ues	-	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED White at work at wor	20g ACCIDENT WAS UNDER	LYING 🗍 / 20b.	DESCRÍBE H	IOW INJURY OC	CURRED	(Enler nature of	Injust in P	art Lar Par	1 ll of de	m 1B )			
21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  22. In the course and on the date stated above.  23. PHYSICIAN'S FLIZ. BRINGS  24. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE  24. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE		EXAMINER)											
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alive an 47					1-	2050	. 6	10		-54			
ACTUAL SIGNATURE GLIC OWER STORMS M.D. 55 GREEN City or lown, stole)  PHYSICIAN'S LIZ. 78 R/N 6 S  PHYS	/./_	ended the dec	ceased fro		<i></i>	19.2.7.	910.4	1-2	/	,			
ACTUAL SIGNATURE ALIC AND AND AND STRICT M.D. S. ST	alive an		1927	$_{\sim}$ and that $\epsilon$	death c	rccurred atz						e date	
PHYSICIAN'S LLZ. 78 R/N 6 S  PHYSICIAN LLZ.	100°	a hell		11		5	· As	ADDRESS (5	treet; city	ar lawn, s	tale)		DATE SIGNED
NAME (Type)  220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  321. PUNERAL DIRECTOR'S SIGNATURE  222. NAME OF CEMETERY OR CREMATORY  ADDRESS  223. PUNERAL DIRECTOR'S SIGNATURE  2240. REC'D BY REGISTRAR  245. REGISTRAR'S SIGNATURE	SIGNATURE COLL	www.	VV	may	7_M.	D	yu	cm	1-4				
REMOVAL (Specify)  Burial June 8, 1959 Zion Memorial Cem.  Cumberland, Md.  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S ELIZ.	75 R/	NG	5/		Cui	ube	rla	u ol	Mic	1.		//3/
Burial June 8, 1959 Zion Memorial Cem. Cumberland. Md.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADD	220. BURIAL, CREMATION, 22b.	DATE THEREOF	22c. 1	NAME OF CEMET	TERY OR	CREMATORY		22d LOCA	TION (Cit	y, lawn, o	r county)		(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE		ne 8, 19	59 Zi	on Memor	ria1	Cem.		Cum	ber1	and.			Md.
Charles L. George, Cumberland, Maryland DATEJUN 10'59 Onther & King							24a. REC'E	BY REGIS	TRAR 2				
	Charles L. Ge	orge. Cin	mberla	nd. Mary	v Imné		DATEJU	N 1 0 '5	9	Ont	tur S.	there	4



116205 Reg. Dist. No. e. IS RESIDENCE ON A FARM? YES NO Year 19 IF UNDER TYEAR IF UNDER 24 Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN OHSELAND DEATH PERFORMED? (County) (Stole) Inquiry X and in my Undetermined manner

DATE SIGNED

(State)

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DÉPUTY MEDICAL EXAMINER TO

DATEJUN 8

240. REC'D BY REGISTRAR

22d LOCATION (City, town, or county)

24b. REGISTRAR S SIGNATUR

Orthur S. Kraus

27c. NAME OF CEMETERY OR CREMATORY

ADDRESS

0 VS. ATSME 5M 2/57

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ACTUAL SIGNATURE

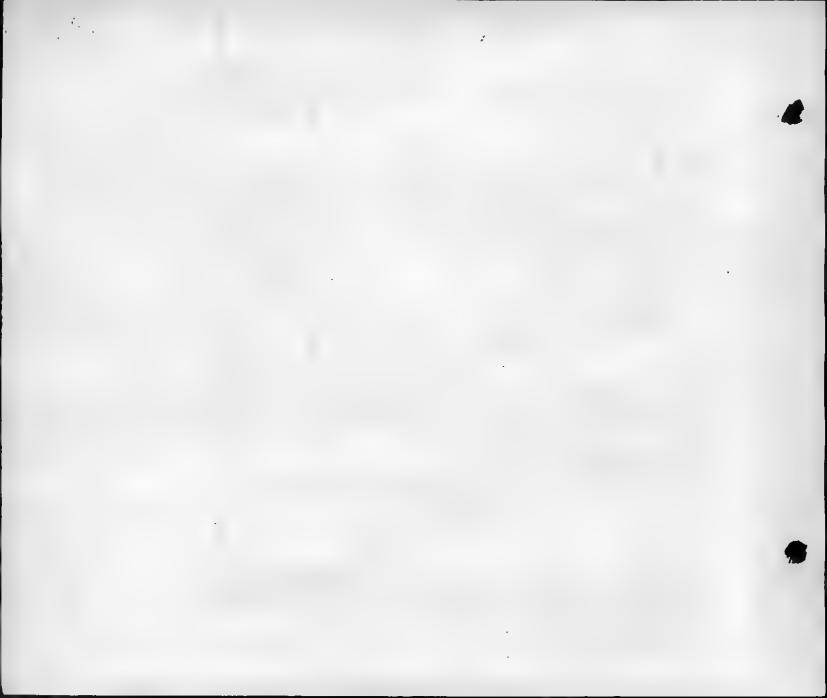
EXAMINER'S

NAME (Type)

REMOVAL (Specify)

23. EUNERAL DIRECTOR S SIGNATURE

270. BURIAL, CREMATION, 226. DATE THEREOF



**ADDRESS** 

Cumber Land, Md.

24b. REGISTRAR'S SIGNATURE

arthur & House

240. REC'D BY REGISTRAR

DATEJUN 1 9 '59

23. FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

15M 10/57

James F. Scarrelli



VS A15 (4) 15M 9/58

6.

	RYLAND STA		ENT OF HEALTH- ATE OF DEATH	-BALTIMORE, 1	8 116207 Reg. Dist. No.			
PLACE OF DEATH O. COUNTY A LLEGANY		MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution b. COUNTY	n: Residence before admission) ALLEGANY			
b. CITY OR TOWN (If outside corporol RURAL and give nearest town)  CUMBERLAND  d. NAME OF HOSPITAL (If not in hasp  EMORNALUTROSPITAL, M	ital, give street address	GTH OF STAY IN 16 DAYS ARWICK AVES	CUMBERLAND d. STREET ADDRESS	ELD AVENUE	RAL ond give nearest lown)  a. IS RESIDENCE ON A FARM? YES \( \) NO \( \)			
NAME OF DECEASED (Type or print)	First LETHA	Middle	Last 4	DEATH JUN	E 8 1959			
FEMALE WHITE	ACE 7. MARRIED WIDOWED	DIVORCED [	SEPTEMBER 4 I		Months Days Hours Min.			
to. USUAL OCCUPATION (Give kind of during most of working life, even if n HOUSEWIFE	wark dane 10b. KIND C etired)	F 8U\$INESS OR INDUS	Berkley S	pring.".Va.	12. CITIZEN OF WHAT COUNTRY? USA			
FATHER'S NAME  GEORGE H. AMBROSE  14. MOTHER'S MAIDEN NAME  REBECCA SHIRLEY								
(if yes, give wor or da			FORMANT FOR IAL HOSPITAL	Addre CUMBERLAND .				
18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU	87		wa		INTERVAL BETWEEN ONSET AND DEATH			

	l	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)					c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
)	ME	d. NAME OF HOSPIT		aspital, give street MEMORIAL		CK AVE	d. STREET A	DDRESS	FIELD	AVENUE				DENCE FARM? NO
	3. 1	NAME OF DECEASED		First	М	iddle	Los	ıl	4. DATE		Month	Do	у Ү	ear
		(Type or print)		LETHA		М.	CONN	ELL.	OF DEATH		JUNE	8	1	959
1	5. 5	FEMALE	6. COLOR O		ED DIVE	ORCED	SEPTEM	H BER 4	I894	9 AGE (In ) lost birth	doy) Mont	hs Days	Hours Hours	Min.
$\lambda$	10a	. USUAL OCCUPATION during most of work	ON (Give kind king life, even	of work dane 10b.	KIND OF BUSINE	ESS OR INDUS	TRY 11, SIRTHP	ACE (Stote	or foreign o	country) 64	12.	CITIZEN OF	WHATC	OUNTRY?
		Housewi					1 40 0 0 0	At all the ball of	Sprin	ag, ".I	Ia.	US/	j	
	13.	FATHER'S NAME	CE U A	HODACE			14. MOTHER'S			,				
	15	WAS DECEASED EVE	GE H. A		SOCIAL SECURIT	Y NO T IN	FORMANT	CCA S	HIRLEY	r	Address			
	(Yes		(if yes, give wor o	r dates of service) 1	Jone			COLT	AI CI	MADED! A			_	
		18. CAUSE OF DEA	ATH [Foter on				OKTAL I	OSPITA	Ale let	MBERLA	NU, M	ARYLAN	ERVAL SET	WEEN
		Ĭ.	ATH WAS CAUS	SED 8Y	)		1					ONS	ET AND	DEATH
		IMMEDIATE CAUSE(6)  DUE TO												
		Conditions, if ony, which) a Multiply sulman entarting												
		gove rise to immediate couse (a), stating the under:												
		lying couse last	The <u>Under-</u>	(c)	en	ally	a a	Mer	Me	levos	, 			
7	CERTIFICATION	PART II OTI	PART II OTHER SIGNIFICANT CONDITIONS CONTR. BUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO N											
	_	OR CONTRIBUTING	200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Port 12.)  OR CONTRIBUTING   CAUSE OF DEATH   EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	20c TIME OF INJUR Hour o.m. p. m.	RY Manth, [	While	NJURY OCCURRED Not while t of work	fac	CE OF INJURY I			y or tawn)		(County)		(State)
	İ	21. I certify th	nat I attend	led the deceas	ed fram )1	ray	19.53	, ta V_6	me.	£ 19	59,that	l last sav	v the de	eceased
		alive on	me s		2.7, and	that death	occurred at	1:15	.AMram	the cause				
				/	1'			0 -	ADDRESS (S	itreet, city or	lown, stale)		DATI	E SIGNED
,		SIGNATURE	Inzi	m/	mon	m'	A.D. 1.2	-f_L	Lyrev	n-1-	<i></i>	(	7-91	157
		PHYSICIAN'S NAME (Type)	DR. G.	M. SIMONS	3		du	nles	Man	4 Y	nf			
	220	BURIAL, CREMATIC REMOVAL (Specify)	0N, 22b, DATE	THEREOF	22c NAME OF St. M	cemetery of			_	nberla			(State	*)
	23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			24a. REC'	D BY REGIS	TRAR 24b.	REGISTRAR'	S SIGNATU	RE	
		Cumberl	and, Mo	d. James	F. Sc	arpell	li	DATEUN	1 2 '59		Irilar S	trans		
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TO HOSPITAL OR A HOING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often soften and by more hospital or attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled writher egistrar prior to burial, cremation, ar removal, and in any event within 72 hours afterdeath.
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ARYLAND	STATE	<b>DEPARTMENT</b>	OF	<b>HEALTH—BALTIMORE,</b>	18
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06209

S DANG CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY ALTEGANY MARYLAN	2. USUAL RESIDENCE (Where deceased fived. If institution Residence before admission) o. STATE MARYTAND b. COUNTY ATT, FOATY
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If autside carporale limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION SACRO HOSPITAL.	d. STREET ADDRESS.  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) FY LIS	CROWE 4. DAYE Month Day Year OF DEATH JUNE 10 19 5
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OELANESE	MARYLAND 1.3.A.
13. FASTER'S NAME \ द्रस्ताम् नम् तस्ताम्	14. MOTHER'S MAIDEN NAME ANTIA & Steinler
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, new or prince) 214-07-6883	PATIENTS CHART
18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate cause (a), stating the under.  lying cause last.  (c)	INTERVAL BETWEEN ONSEY AND DEATH "TMENTED"
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I ar Part II of item 18.)
Coc. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e.  Haur a. m.  p. m.  19  While at wark at wark at wark	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or tawn) (County) (Slate)
21. I certify that I attended the deceased fram. 3— additional actual signature.  PHYSICIAN'S NAME (Type) LETTS BRINGS, M.D.	2-, 19 37, to 19 7, that I last saw the deceased ath accurred at 1,25PM, fram the causes and an the date stated above.  ADDRESS (Street, city or town, state)  M.D.  57 GREENE ST. CURVERIAND MARYLAND
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERS During 19 June 1	mano. Ph Cumberland MX
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



6910 CEDTICICATE OF DEATH 116210

eg. Dist. No.

246 REGISTRAR'S SIGNATURE

Carthur S. Hrand

24g. REC'D BY REGISTRAR

DATE JUN 2 5 '59

	, 0210	CERTIFICA	AIE OF DEATH	Reg. D	list. No.					
	PLACE OF DEATH  o. COUNTY  Allegeny	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived If institution Reside b. COUNTY	nce before admission)					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
	Cumberland	5days	1 - Cumberlan	d						
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	Change to	e. IS RESIDENCE ON A FARM? YES NO T					
-	Sacred Heart Hospital		*	1	LES [] NO []					
J.	NAME OF First DECEASED (Type or print) Charles	Middle H .	Danner	4. DATE Month OF DEATH	20 1959					
5.	SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS					
	lala White Wipowi	ED DIVORCED	2/5/02	lost birthdoy) Months	Days Hours Min.					
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of		TIZEN OF WHAT COUNTRY?					
	or Loved	Painter	"aryland	77	" . i.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME						
	Charles E. Danner		Louise B	achman						
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Address						
(70	s. na, or entracen) (If yes, give war or dates of service)	Mone.	Pt's ch	art						
Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY: Timemia Pois oning  ONSET AND DEATH									
	PART I DEATH WAS CAUSED BY: Uremic Poisoning									
	DUE TO									
	Conditions, if ony, which ) (b) Acute pyelonephritis, bilateral									
1	gove rise to immediate couse (a), stating the under trying cause last.  Severe Anemia									
	tying cause last. ) (c) Severe Anemia									
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED?									
3	Extensive degenerative arthritis of the spine									
CERTIFI	TOO ACCIDENT WAS INDEDIVING FT. ON DESCRIPE HOW INTRINVING OCCURRENCE IN SECTION IN BOat Low Box I as June 18.									
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d II Hour o. m. 19 While p. m. 19	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County) (State)					
	21. I certify that I attended the deceas	ed from 15	19 59 to July	10 20. 10 59 that 1.1	art raw the decease					
	21. I certify that I attended the deceased from May 15,, 1959, to June 20,, 1959, that I last saw the deceased alive on June 20,, 1959, and that death accurred at 2.55PM, from the causes and an the date stated above.									
	11 12 1			ADDRESS (Street, city or town, state)	DATE SIGNED					
	ACTUAL Nacema	in My	M.D. 140 Bedfor	rd Street	6/22/59					
	PHYSICIAN'S NAME (Type)	liinan, i.n.	11,0 0	dfor 1 Street, Curi	., MA.					
224	BURIAL, CREMAT ON, 22b. DATE THEREOF	22c NAME OF CEMETERY C		22d LOCATION (City town, or county)	1 (SISTE)					

ADDRESS

in My the funeral and 2 shauld be fi requires that the deoth certificate be executed within 24 haurs aff campletely filled in popers. Pages I and eath. attending physic on mad n please remove corbon | permit. Then please removin any event within 72 hau by the permit. may be retained by the haspital or ottending physician.

TO ILUNERAL DILECTOR: After this certificate llos been signed page 3 should be detached for use as the burial-transit permithe registror prior to burial, cremation, ar remayol, and in an

filed with director

TO HOSPITAL OR VS A15 (4) 15M 9/58



Please files. Health

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6278MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06211

	Keg, Dis	T. NO.
I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Res den	ce before admission)
Allegany MARYLAND	o. STATE Maryland b. COUNTY All	egany_
b. CITY OR TOWN   1 outside corporate timits, write BUTAL C LENGTH OF STAY IN 16 and give recreat foun)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
Rt. 1. Box 85, Oldtown 71 years	Rt. 1, Box 85, Oldtown	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	IS RESIDENT
Rt. 1, Oldtown	Rt. 1, Oldtown, Maryland	YES NO
3. NAME OF First Middle DECEASED	Lost 4. DATE Month	Doy Year
	Davis DEATH June 28	19 59
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1	[cut butbolen]	YEAR IF UNDER 24 HE
Female White WIDOWED DIVORCED [	Oct , 30 , 1887 71 yrs. Months D	Hours Min.
10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS' during most of working life, even if retired)		EN OF WHAT COUNTS
Housewife Own Home		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jesse Robinette	Ruhamey Hamilton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. ( [You not unknown]	NFORMANT Rt. 1, Boxdd 55	
no none Fr	ank Davis Oldtown, Maryland	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	THE SECOND PARTY OF THE SECOND	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Coronary Oci	clusion	Südden
420.1 DUE TO		
Conditions, if any, which (b) Coronary Sc.	lerosis	****
gave rise to immediate cause		
(a), storing the underlying DUE TO		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
Hypertensive cardiovascula	r disease, Cardiac hypertrophy	YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING O	Enter nature of injury in Part I ar Part II of Item 18.)	
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLA White Not while of work of work	ICE OF INJURY (Home, form, i 201, (City or town) (Counter, street, office bldg, etc.)	(Slote)
p. m. 19 of work of work		
21. I certify that I took charge of the remains described abo	ove, held an Autopsy 🔲, Inspection 🔼, Inquiry	A, and in m
opinion death resulted from: Natural causes 🎎 Accident	. Suicide ., Homicide ., Undetermined m	anner 🔲
2 . 0.1-1		
SIGNATURE SIMIOURT SKITAZELIS	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER	
NAME (Type) Benedict Skitarelic M.D.	DEPUTY MEDICAL EXAMINICAN June 29.	1959
220. BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR		(State)
Burial 7/1/59 Mt. Herman M	eth. Cem. Allegany County, M	arvland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
John J. Hafan Cumberland Manyland	110 1 159 0 11 4	w.

TO DEPUTY MEDICAL MAMNER: This certificate should be executed within 24 hours after death. If any delay is nece execute the cert.

writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of an its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15ME 5M 2.57

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**CERTIFICATE OF DEATH** 6212

Reg. Dist. No.

`  -										
ĺ	PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RESIDE	,	Ь.	If institution COUNTY			on)
ŀ	Allegany	14 14	-		'aryland			Alleyer	-	
	<ul> <li>b. CITY OR TOWN (If outside corporate li RURAL and give nearest town)</li> </ul>	mits, write	c. LENGTH OF STAY IN 1b		WN (If outside	corporate lim	its, write KUF	RAL and give ned	rest town	
ŀ	Cumberland		11.0- 12 days							
l	d NAME OF HOSPITAL (If not in hospital OR INSTITUTION	, give street o	address)	, d. STREET AD						FARM?
Į	Secred Heart Hos	cital		202 Frj	nce de	rge 't	•		YES [_]	NO 🚺
١	3. NAME OF DECEASED (Type or print) Ro	First S <b>C</b>	Middle Cecilia	Lost Dempse		DATE OF DEATH	Month 6/2	5/59	•	9
ľ	S. SEX 6 COLOR OR RAC	E 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE		UNDER 1 YEAR	IF UNDE	R 24 HRS
ı	Tenale Thite	WIDOWE	ft mint.	3/7/95		lost 7	birthdoy) /	Months Doys	Hours	Min.
ľ	10a USUAL OCCUPATION (Give kind of wor	k done 10b l	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or for	eign country)		12. CITIZEN OF	WHATC	DUNTRY?
ı	during most of working life, even if retired Housekeeper		wnhome	Man	yland l	arton		u.	1 0 64.0	
Ì	13. FATHER'S NAME			14. MOTHER'S A	ALIDEN NAME					
١	James Dempsey			1	'ary Br	oderick				
t	IS. WAS DECEASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	NFORMANT			Addres	\$		
	(Yes, no, or unknown) (If yes, give war or dates of	of service)		Pt '	s Char	t				
ı	18. 'CAUSE OF DEATH [Enter only one	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]								
ı	PART I. DEATH WAS CAUSED BY: Myaconfial Degeneration & Thanks ONSET AND DEATH									
ı										
ı	Conditions, if ony, which )	1/ / A Dis Was a Day of								
ı	gove rise to immediate	gove rise to immediate								
ı	couse (a), stating the <u>under-</u> lying couse lost,									
١	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY									
	anemia penere YES NO D									
	200 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
ı	20c TIME OF INJURY Month, Doy, Hour o.m.	Yeor 20d. IN	IJURY OCCURRED 20e. PL	ACE OF INJURY (H	ome, form, 20	f. (City or low	n)	(County)		(State)
ı	Hour o.m.	While of work	IADI MIIIG	tory, street, office l	oldg , etc.)					
ı	₹ p. m.	of work		125	h	,	(~~~~~			
ı	21. I certify that I attended th	ne decease			ta/2			at I last sav		
ı	alive an	19-5	$\mathcal{I}_{}$ , and that death	accurred at_	:15am,	fram the co	uses and	an the date	stated	abave.
1		/ w			ADDR	ESS (Street, cit	y or town, sh	ote)	9ATI	SIGNED
ı	SIGNATURE DES	J. 0	my D	M.D	4561	1. Cen	me di	4	1/26	159
	PHYSICIAN'S LEO H	. LE	Y VR.	ald the A new till price	Cunk	erlan	S m	R		,
f	220. BURIAL, CREMATION, 22b. DATE THER	EOF	22c. NAME OF CEMETERY O	R CREMATORY	22d	LOCATION (C	ity, town, or	county)	(State	)
1	Burial 6-29-5	9	St. Grabric	els Cem	B	arton,	Mary	land		
	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		240. REC'D 8Y	REGISTRAR	24b. REGIST	RAR'S SIGNATU	RE	
	James F. Scar	nell:	Cumberland	Md.	DATEJUN 3	0 '59	Onth	ur & Krass	4	

TO HOSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed within 24 naura and property of the following physician.

TO FUNRAL DIRECTOR: After this certificate has been signed by the altending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be fifted with the registrar prior to burial, cremation, or remaral, and in any event within 72 hauss after death.

ti

VS A15 (4) 15M 9/S8



## EALTH DEPT. Poge . Poge files. Heolth,

jo Boord

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6213MEDICAL EXAMINER'S CERTIFICATE OF DEATH

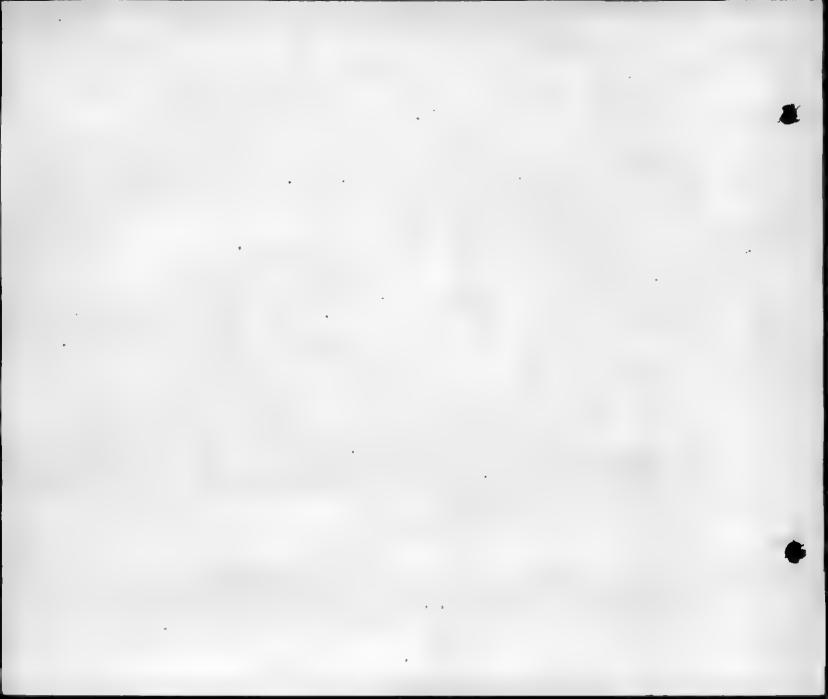
.06213

Ren Dist No.

VM 10	Kag, blst. 110.
1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
allegany MARYLAI	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Cumberland 10 Min.	Hyndman
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS  B. IS RESIDENCE ON A FARM?
Sacred Heart Hospital	YES NO X
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Walter Elwood	Deneen Jr. Death June 12 15 59
5. SEX 6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED	last bythday) Mantha Day May Mi
Male White WIDOWED DIVORCED	July 27, 1920   38 yrs   1000
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired)	
Laborer	Hyndman, Pa. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Deneen	Esther Baer Deneen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 173-14-37.5	
Yes ve or unknown] If you was or doler of service) 173-14-37.5	Mrs. Betty Deneen, Hyndman, Pa.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Gunshot Froming	d of head 1 Hr.
DUE TO	
Conditions, if any, which) (b)	
gove rise to immediate couse Que TO	
couse fost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  200. EXTERNAL CAUSE WAS PRIMARY IN OF CONTRIBUTING IN CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED SOLIT Inflicted	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO FI
700. EXTERNAL CAUSE WAS PRIMARY TO GO CONTRIBUTING TO	(Enter noture of injury in Port f or Port II of Item 18.)
Self Inflicted	gunshot wound of head
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stote)
9:15 pm.June 12 159 White Not white	forcery, street, office bidg, etc.) Hyndman, Bedford, Penna
21. I certify that I took charge of the remains described o	
opinion death resulted from: Natural couses	
a constant	
SIGNATURE Sinedict Skitarelic	M D CHIEF MEDICAL EXAMINER D
	ASSISTANT MEDICAL EXAMINER
NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER 1 June 12, 1959
Burial Cremation 726. Date thereof 126. Name of CEMETERY Burial June 16,1959 Hyndman	OR CREMATORY 22d, LOCATION (City, Jawn, or county) (Stote)
274 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Hyndman, Pa.	DATE JUN 1 8 '59 arthur & Kraus

DATE

VS. A15ME 5M 2/57





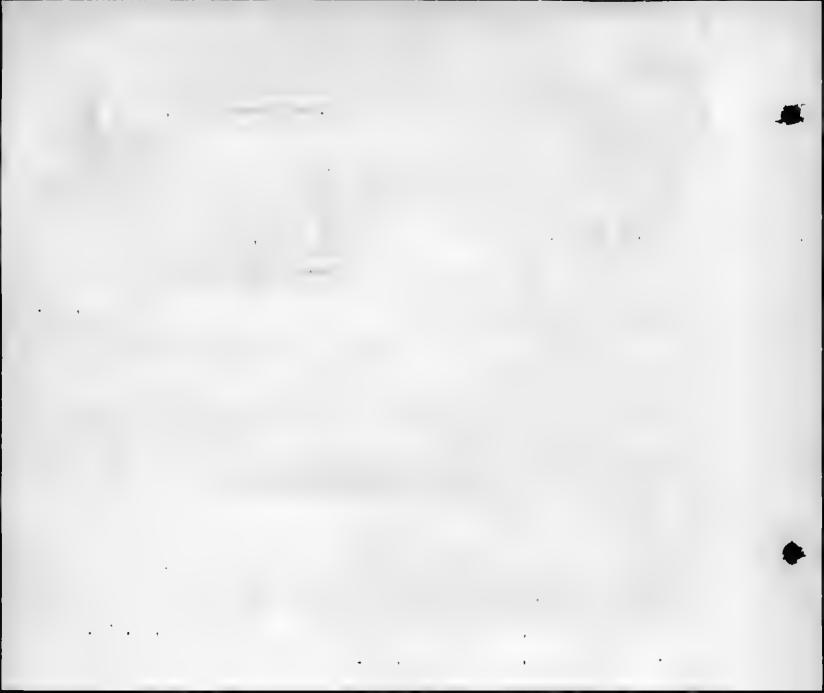
ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

VS A15 (4) 15M 10/57

TO HOSPITAL OR

1	o. COUNTY	Allegany		MARY	- 11	o. STATE Haryla	nere deceased live and	f. If institution b. COUNTY	Alle		m)
Г	b. CITY OR TOWN (If RURAL and give ner	outside carporote limits	, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF o	outside corporate l	ımıts, write RUI	RAL and give	e nearest lown)	
	NORTH DRU GIVE HE	Cumberland	1	1 week	H	* Rt. # 4	Cumber	land.			
, [	d NAME OF HOSPITA	AL (If not in hospital, giv	re street o	ddress)		d. STREET ADDRESS				e. IS RESID	ENCE
L		Sylvan R	etres	rt		Mexico	Farms			YES TS	
3.	NAME OF DECEASED (Type or print)	George		Washing	gton	Duckworth	4. DATE OF DEATH	June		12 Ye	5:
5.	SEX	6. COLOR OR RACE	MARRI	ED NEVER MARRIE	D 🔲 B	DATE OF BIRTH	9. A			EAR IF UNDER	
	Male	White	WIDOWE	DIVORCE		6/25/7.5	83		Months De	bys Hours	Min.
10	la. USUAL OCCUPATIO	N (Give kind of work dring life, even if retired)	ne 10b. K	CIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (Slote	or foreign country	1	12 CITIZE	N OF WHAT C	OUNT
\	Retired		F	arm owner	c	Lonaconi	ng, Mar	yland	U.	S.A.	
13	. FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME		<del></del>		
	0	eorge Robe	rt Di	ackworth		Katheri	ne o Pi	erce			
15	. WAS DECEASED EVER	IN U. S. ARMED FORC	ES? 16. S	OCIAL SECURITY NO.	. 17, INF			Addres	15		
T.	No	r yer, give wor or occur or re-		lone	Mrs	Estella E	lliott	Cr	esapt	town. I	Md.
	PART I DEAT	TH (Enter only one cou IH WAS CAUSED BY. IMMEDIATE CAUSE (0). DUE TO	011	e far (a), (b), and (c)	ス	yerardear	Deg.	ueer	akor	INTERVAL BETY	WEEN
,	Canditions, if on gave rise to in cause (a), stating t lying couse last.	he under- DUE TO	436 572	Chron	ie c	nephris	tis	0,-		?	
CERTIFICATION	PART II OTH	ER SIGNIFICANT COND		ULLE &	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1	(o) 19. WAS AL PERFORI YES [	MED7
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJUST OF	CCURRED	Enter nature of injury in I	Port I ar Port II of	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	While	URY OCCURRED Not while of work	20e PLACI foctor	OF INJURY (Home, form y, street, office bldg., etc.	20f. (City or to	own)	(Cou	inly)	(Stote
	actual SIGNATURE	at I attended the	lecease :, 12=2 729	77		141959, 10 4 coursed at 1145 2. 49 Gr		e causes an	d an the		
	PHYSICIAN'S NAME (Type)	James E.	<u>VicLea</u>	in, of.D.		49 Greene		umberla		d.	
22	o. BURIAL CREMATION REMOVAL (Specify) Burial		195	220 NAME OF CEME		REMATORY  Cemetery	22d LOCATION Fort	(City, town, at Ashby		(Stole)	
23	FUNERAL DIRECTOR'S			ADDRESS		والمستقدم والمنتقد المتناف	D BY REGISTRAR	24b REGIST			
	H. Wayı	ie George,	. C	umberlan	d. Me	DATE JU	IN 1 6 '59	and	hun & 1	Sa-us A	

Soth: Page 4



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6216

**CERTIFICATE OF DEATH** 

06216

/					Keg. Dist. No.					
	1 PLACE OF DEATH COUNTY ALLEGANY	MARYLAND	a. STATE	- h county	ion. Residence before admission)					
			MARYLAN		ALLEGANY					
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  CUMBERLAND	25 DAYS	× FROSTBU	outside corporate limits, write l	RURAL and give nearest fawn)					
•	o. NAME OF HOSPITAL (IF NOT IN HOSPITAL), QIVE STORY OR INSTITUTION MEMORIAL HOSPI MEMORIAL & WARWICK AVE	TAL	d. STREET ADDRESS	BOX 146	e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)					
	3 NAME OF DECEASED (Type or print) First MINNIE	Middle	DUNN	4. DATE Mor	UNE 21 1959					
	5. SEX 6. COLOR OR RACE 7. MARR	NEVER MARRIED DIVORCED	8. DATE OF BIRTH  JUNE 13	9. AGE (In years last bighday) 63 yrs.	Months Days House Min					
	10a. USUAL OCCUPATION (Give kind of work dane 10b, during most of warking life, even if retired)  HOUSEWORK	TT -	ISTRY 11. BIRTHPLACE (State MARYL)		12. CITIZEN OF WHAT COUNTRY U.S.A.					
	13. FATHER'S NAME  GEORGE MILLER		14. MOTHER'S MAIDEN I							
			VICTORIA BI							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		INFORMANT MEMORIAL HOSPI	Add	ND. MARYLAND					
	18. CAUSE OF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate [b]	nehal He	monhoge 1 artownless	tu Cordio- 2	interval BETWEEN ONSET AND DEATH A S day,					
	cause (a), stating the under. DUE TO lying cause last.			5 georg						
,	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 14									
	20g ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in	Part I or Part II of item 18 )						
	20c. TIME OF INJURY Manth, Day, Year 20d. If Haur a. m. White all war.	Nat while fo	ACE OF INJURY (Hame, farm actory, street, affice bldg., etc		(Caunty) (Stat					
	21. I certify that I attended the deceas	ed fram 1 3 Gr.	, 19.5 <sup>-3</sup> , to		that I last saw the decease					
	ACTUAL W. alped Van	Omes	M.D. 1225.	ADDRESS (Street, city or town, Centre St	nd an the date stated above store)  DATE SIGNE  2 2 4 4 20 5					
1	PHYSICIAN'S NAME (Type) W. A. VAN	ORMER	lumbe	lord med.	VA 124 CM 104 VM 104 VM					
	22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d LOCATION (City, lawn,	,,					
	Burial 6-24-59	F'bg.Memor	ial Park	Frostburg	Md.					
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE					
	Joseph R. Durst, Fr	costburg, Md	. DATE J	UN 25'59 C	Irilay & House					

TO HOSPITAL OR VS A1S (4) 1SM 9/58



oth: Page 4

VS A15 (4) 15M 10/S7

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6217

**CERTIFICATE OF DEATH** 

116217

		^			CERTIF	CAI	EOFD	EAII				Reg. Dis	t. No.		
e. CC	E OF DEATH				MARYLA	- 1	USUAL RESID		nere deceased		nstitution	. 75 75		admissi	an)
	TY OK TOWN (IF	outside carpor	rate limits, write	e c. LENG	TH OF STAY IN		c. CITY OR T	and own if c	utsida corno	tota limits	write PH	ALLE.		HI 10wn	`
RU	RAL and give ne	arest town)			il Jars		Cumbe:		_	t . #		KAE GIIO Y	ITE HOUSE	231 100011	,
I. N	umberlar  AME OF HOSPITA  R INSTITUTION		spital, give stre	et address)	L ca b		d. STREET A	DDRESS		u a W	0		e.	IS RES	DENCE FARM %
	Sacred	Heart	Hospita	1			Poto	mac	Park					YES 🔲	NO []
NAM DECE (Type	ASED or print) Max	rtin	First Melvi	lle	Middle	Gai	lasts		4. DATE OF DEATH		Month	1	Doy	1	ear 9.9
SEX	ale	6 COLOR OF		ARRIED N	DIVORCED		Lay 7			9. AGE (In last birt	years ( hdoy) yrs.	Months	_	F UNDE Hours	R 24 HRS Min
Qur	UAL OCCUPATION IN BOT OF WORK	N (Give kind o ing life, even if	retired)		BUSINESS OR				or foreign co		nd		ZEN OF		COUNTRY
	ER'S NAME						4. MOTHER'S						161 U	- ,	V (x 1.
	Phillip	Garle	tts			-	Ada	Coo	ddina	ton					
	DECEASED EVER			6. SOCIAL S	ECURITY NO	17, INFO					Addre	35			
řes. no i	NO.	Fyes, give wor or	dotes of service)	217-0	3-6506	Mr	s. Dor	is (	Garle	tts I	Rt.	# 6	Cun	ber	lan
I I R	CAUSE OF DEAT	PM [Enter enter											Liniten	MAL DE	PASSER
1.0.		H WAS CAUSI			Int and fet ]	- 1	1						ONSE	VAL BE	DEATH
Ι.		IMMEDIATE C		Selia	4	ac	cure.						S_	Lec	حدسا
	146X		DUE TO	A/ /.	1	10	*						١,	/	~
	anditions, if an		(b)/	rep	hhose	<u> </u>	0515						/	900	a
ca	ive rise to in use (a), stating t ng couse last		DUE TO	Hes	uscle	vos	is +	1	legter	ten	se	ار ا	5	42	<u>a</u> _
	Phel	ER SIGNIFICAN	TE /	PECC	TING TO DEATH	H BUT NO	T RELATED TO	THE TERMI	NALDISEASI	CONDITIO	ON GIVE	N IN PART	1	WAS A PERFO	RMED? 🦒
20a. OR (IF E	ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY	UNDERLYING CAUSE OF MEDICAL EXAM	DEATH	ESCRIBE HO	W INJURY OCC	CURRED. (	inter nature af	injury in l	Porl I ar Porl	II of item	18.)				-/
20c	TIME OF INJURY Haur a.m. p.m.	Month, Do		INJURY OCH	while	0e. PLACE	OF INJURY (H	lame, farm bida etc	20f (City	or lawn)		{C	ounty]		(State)
21.	I certify the	at. Lattende	d the dece	ased from			1948	to oto	uo	282 1	0 5	that I li	art ray	u tha	daceas
1	ve an	tenec	2-7.19	39.	and that d	leath a	curred at_	1:45	AM, fran	the cau	is <b>es</b> an	d an th	e date	state	d abov
ACT SIGI	UAL NATURE	Her	rerse	u a		M.D	5	76	ADDRESS (SI	reel, city or	Sown, st	ale)	6	1/29	TE SIGNI
PHY	SICIAN'S ME (Type)	59	WE	156	MAN		Co.	MB	ERL	AND		171	(R)	YLX	MI
9EA	RIAL, CREMATION MOVAL (Specify)	7/1	THEREOF		ME OF CEMET				Addi			county)		(State	)
FUNI	ERAL DIRECTOR'S			ADI	DRESS			240. REC'I	D BY REGIST			RAR'S SIG	NATURE		
Η.	, Wayne	Geor	ge Cu	mberl	land, I	Mary	0 10 0	DATE J		59	Ox	Thur &	Hear	4	



# FOR STATE HEALTH DEPT.

i.

R. J.

Foge files

please.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06218

			MEDICA	IL EXAMINE	:K.2	CERTIFICA	E OF	DEATH	Reg. Dist. No	)
	COUNTY			70		2. USUAL RESIDENCE (V	There deced	sed lived If institu	tion. Residence be	fore admissian)
	A	llegany	, 04	79 MARYL	AND	o STATE Maryle	and	b COUNT	Allegar	ıy
Ŀ	. CITY OR TOWN and give meagest few	(Il outside corporate limits,	wr to RURAL	c. LENGTH OF STAY II	NEТЬ	c CITY OR TOWN (IF	autside car	porate limits, write	The second second second	L.W. n.
	Barton	1		73 Yrs		X Barton				
(	. NAME OF HOSPI	ITAL OR INSTITUTION	(if not in ho	spital, give street address		d. STREET ADDRESS				ON A FARM
	Dogwood S	St.				Dogwood St.				YES NO
- 1	NAME OF DECEASED Type or print)	Hugh	First	Middle	Gat	tens	4 DATE OF DEATH	June	Doy	Year 19 59
5. 5	EX	6 COLOR OR RA	CE 7. MARRI	ED NEVER MARRIED	8. 0	DATE OF BIRTH	I	9 AGE I'n regre	IF UNDER TYEAR	man d'
М	ale	White	WIDOWE	DE DIVORCED	J	an.31. 1886		73 yrs	Months Days	Hours M'n
10o	USUAL OCCUPAT	ION (Give kind of wo	ork done 10b.	KIND OF BUSINESS OR IT	VDUSTRY	11 BIRTHPLACE (State	or foreign	country)	12 CITIZEN O	E WHAT COUNTR
-	Miner	ing life, even il retire	'a) C	oal Miner		Maryland			U.S.A.	
13.	FATHER'S NAME				Ti	14. MOTHER'S MAIDEN N	IAME		, , , , , , , , , , , , , , , , , , , ,	
	James G	lattens			1	Amandana My	ers			
15.	WAS DECEASED E	VER IN U. S. ARMED		SOCIAL SECURITY NO.	17. INF	ORMANT		Address		-
	no	In yes, give war or agre	P Or Shiring		Floy	yd Gattens-E	Barton	. Md.		
	Conditions, if gove rise to imm (o), storing the couse lost.	ony, which ediate couse underlying DUE	(o) (b) (b) (c)	S. Maje	ille	Auce	24.24	Micron	n Si	3 of 5 12 8
CERTIFICATION	PART II, OT			ONTRIBUTING TO DEATH						9. WAS AUTOPSY PERFORMED A YES NO I
CERT	PRIMARY OF CO	ONTRIBUTING 🗆	200 DESCRIE	E HOW INJURY OCCURR	יותש) עשו	et noture of tuluty in Fort	I OF FORT !!	Fol Item 18.)		6
MEDICAL	20c, TIME OF INJU Hour o.m. p.m.		Whil		PLACE	OF INJURY (Home, farm, , street, office bldg., etc.)	20f. {Cit	y er town)	(County)	(State)
	21. I certify	that I took char	ge of the	remains described	obove	, held on Autopsy	/ [], [	nspection .	Inquiry X	, ond in m
	opinion death	resulted from:	Noturol	couses Accide	ent 🔲	, Suicide 🔲, F	tomicide	Undete	rmined monne	er 🔲 🐩
	ACTUAL SIGNATURE	1461	41°	11.71		M.D CHIEF MEDICAL EX	-		Tune	DATE SIGNED
	EXAMINER'S NAME (Type)	1106	>116	/ TEALC	)11l	ASSISTANT MEDICAL E		_	190	4
220	BURIAL, CREMAT	ON. 226. DATE THE	REOF	72c. NAME OF CEMETER	RY OR CI	REMATORY	226. LOCA	TION (City, town,	or county) /	(Stote)
	surial	6/16/59		Laurel Hil	1		Mo_	SCOW		Md.
23.	FUNERAL DIRECTO	RES SIGNATURE		ADDRESS		240 REC'T			TRAP'S SIGNATUR	SE .

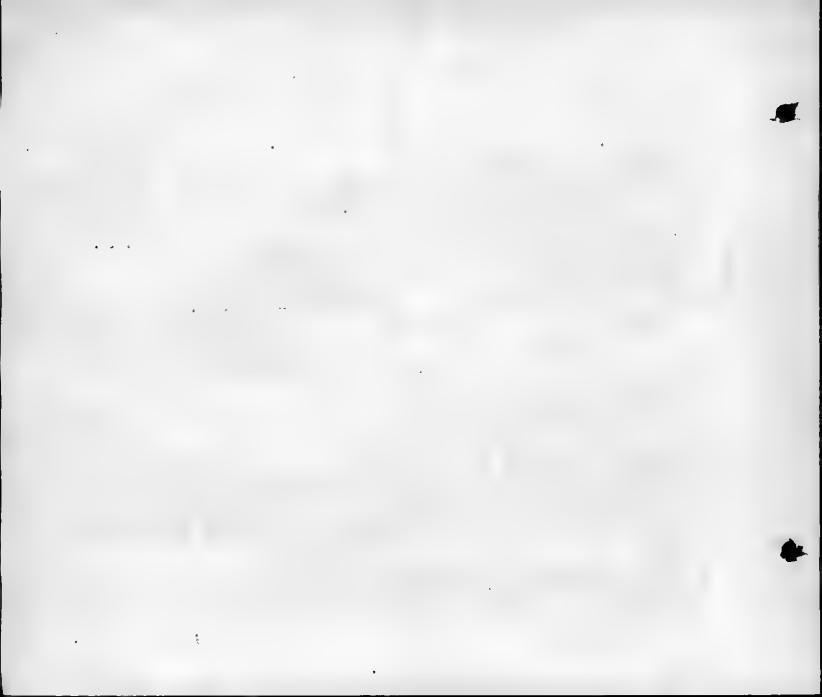
Westernport, Md.

DATE JUN 1 6 '59

Onting S. Krues

TO DEPUTY MEDIC. (XAMINE IT This certificate sileutilible executed within 24 hours after leath. If any delay is necess execute the cert.

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and is any event within 72 hours after death. MS ATSME 5M 2/57



death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



d for your files. Board of Health,

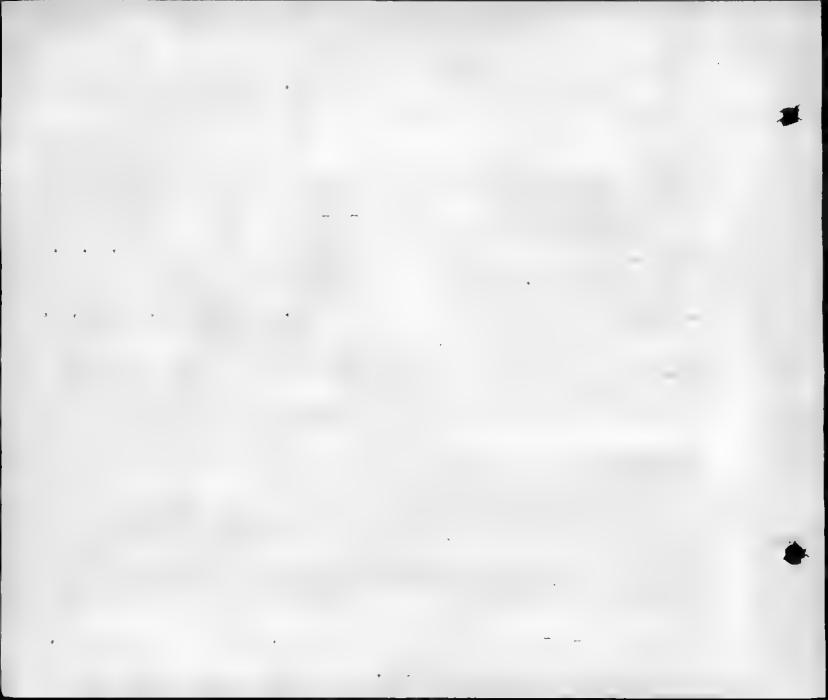
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06220

	Reg.	Dist. No.
1. PLACE OF DEATH O. COUNTY Allegany 6280 MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Resion STATE Md. b. COUNTY A1	dence before admission)  logany
b CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give neares) town)	c. CITY OR TOWN (If outside corporate limits, write RURAL or	
Eckhart Lifetime	X Eckhart	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	. STREET ADDRESS	e, IS RESIDENC
Porter Road	Porter Road	YES NO
3. NAME OF First Middle	Lost 4. DATE Month	Day Year
(Type or print) Janet Earline	Groom DEATH JUNE	10 1937
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years lost birthday)  Months	R TYEAR IF UNDER 24 HI
Female Black WIDOWED DIVORCED	3-I5-I959 yrs. 3	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	(RY 11. BIRTHPLACE (State or foreign country) 12. Cl	ITIZEN OF WHAT COUNT
	Miner's Hospital	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles D. Green	Fanny Belle Green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? TO SOCIAL SECURITY NO 17. II [If yes, give wer or dotes of survice]	NFORMANT Address	
	Charles D. Green, Father, Ec	khart, Md.
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) }	4 - 4 +	INTERVAL BETWEEN ONSEL AND DEAT I
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COIP O	stro Enteritis	3 Day
57/0 DUE TO 24/4		
Conditions, if any, which) (b) Mal MOT	1/100	
gove rise to immediate couse ( (a), stating the underlying DUE TO		
couse tast. (c)		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT I(0) 19. WAS AUTOPS'
		YES NO
206. EXTERNAL CAUSE WAS PRIMARY   0 to CONTRIBUTING   206 DESCRIBE HOW INJURY OCCURRED (E) CAUSE OF DEATH.	inter nature of injury in Port ( or Port If of Item 18 )	
	CE OF INJURY (Home, form, 1201, (City or town) (C	ounly) (State
Hour o. m. While Not while fact	ary, street, office bldg., etc.)	(0.0.0
	no hold on Autonou 🗀 Languia 🕅 Languia	· 157
21. I certify that I took charge of the remains described about		iry 🔀 and in m
opinion death resulted from Notural couses , Accident [	, Suicide, Homicide, Undetermined	monner
ACTUAL /11 K. MC/ nno	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE CONTROL CONT	ASSISTANT MEDICAL EXAMINER	Time
EXAMINER'S (1) (1) MC/	DEPUTY MEDICAL EXAMINER X	11 1959
NAME (Type)  220. BURIAL CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OR		-
REMOVAL (Specify)		(510°e)
Burial 6-13-1959 Frostburg M	emorial Pkl Frostburg	Md.
maler runeral Home,	Frostburg UN 15'59	- 14
Least to Hattingly Frostburg, Md.	DATE JUN 15 59 Circum 2	
x 1 1 1 1		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the cert.

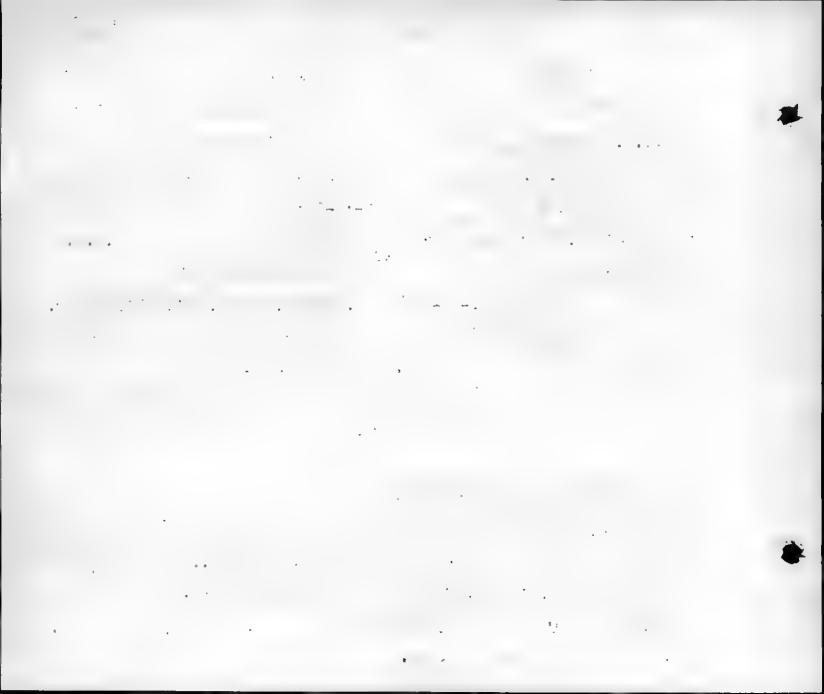
4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 22-with the State Board or its designated agent, prior to buriol, cremotion, or removal, and in any event within/72 hours after death. VS. AISME 5M 2 '57



VS A1S (4) 1SM 9/SB

			^	6219	CERTIFIC	ATE (	OF DEATH	4		Reg. Dist. No	221
	0. (	ACE OF DEATH	ALLEGANY		MARYLAND	o. S1	MARY	LAND	₽ COUNTY	ALLEG	ANY
		CUMI			ENGTH OF STAY IN 16	; 2	CUMF		S. IS RESIDENCE		
1	(	D.O.A.	MEMORIAI			1 7 3		SAP DRI	VE		ON A FARM? YES NO 2
	DEC	ME OF CEASED pe or print)	SYDI	NEY	Middle	G	REEN	4. DATE OF DEATH	JUNE	D. 1	y Year 5 19 59
	5 SEX	ALE	6. COLOR OR RACE WHTTE	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE O	F BIRTH	lo	00.5	FUNDER 1 YEAR Months Doys	Hours Min
	10a U	JSUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b, KIND	OF BUSINESS OR IND			or foreign country			WHAT COUNTRY?
		TIRED—T	J. S. GOV	TAIR	SERVICE COMMAN	D 14. MC	THER'S MAIDEN			U.S.	·A •
1	15. W	AS DECEASED EV	REEN ER IN U. S. ARMED FOI	RCES? 116 SOCIA	AL SECURITY NO.	INFORMA		Y PLUM	MER Addres	13	
)	]	NO	(If yes, give wor or dates of	210-		MRS.	LOUISE	GUNTER	, CUMBI	ERLAND	MD.
		PART 1. DE		o Co	to), (b), and (c).) cute M	you He	endial	Faile	rl	INT ON	ERVAL BETWEEN SEY AND DEATH CALLAGE GYENA
	gove rise to immediate couse (a), stating the under- lying couse last.    Part   Other significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was a condition of the terminal disease condition given in Part 1(a) 19. Was a condition of the terminal disease condition given in Part 1(a) 19. Was a condition of the terminal disease condition given in Part 1(a) 19. Was a condition of the terminal disease condition given in Part 1(a) 19. Was a condition of the terminal disease condition given in Part 1(a) 19. Was a condition of the terminal disease condition given in Part 1(b) 19. Was a condition given g									IP. WAS AUTOPSY	
}	CERTIFICATION	Hai	tus Herria	٦	ulce, S	yuds.	Se w			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFORMEDP YES NO
		O ACCIDENT WOR CONTRIBUTION F EITHER, NOTIF	AS UNDERLYING   CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter	noture of injury in	Port 1 or Port II o	fitem 18)		
	MEDICAL	C. TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Ye		Not while	PLACE OF II factory, street	LURY (Home, form at, office bldg., etc	n, 20f. (City or to	own)	(County)	(Stole)
	a	1. I certify to	hat I attended the May Howe	deceased for 1959			F0	M, from the ADDRESS (Street, ENE ST.	causes and	an the date	the deceased stated above. DATE SIGNED
'		HYSICIAN'S IAME (Type)	DR. S. C		MAN	-to-	CUMBER	LAND, N	D.		
	220 8 CRE	MATION	6-17-5		NAME OF CEMETERY			22d. LOCATION Pitts	(City, town, or	county)	(Stote)
	_	. R. D		ROSTBUI	ADDRESS			D BY REGISTRAR	24b REGIST	RAR'S SIGNATU	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6220 CERTIFICATE OF DEATH

06222

		. 07676	O OBICITITO	AIL OI PEATI	•	Reg	J. Dist. No.
7 PLA	CE OF DEATH		MARYLAND	2 USUAL RESIDENCE (Who a. STATE MARYLAND		. COUNTY	Isidence before admission)
b (	CITY OR TOWN (H	autside corporate timits, write	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside carporate (in		
	CUMBERLAN	D (orest lawn)	4 DAYS	FROSTBURG			
	OK HASHIOTON	AL (If no) in hospital MEMOR HOSPITAL	FALESS WARNICK	d STREET ADDRESS	STREET		e IS RESIDENCE ON A FARM? YES NO
3. NA	ME OF	First	Middle	Lost	4. DATE	Manth	Day Year
	CEASED pe or print)	HOMER	C.	GRIFFITH	OF DEATH	JUNE	5 1959
5 SEX		6 COLOR OR RACE 7 MARE	IED NEVER MARRIED	B DATE OF BIRTH	9 AGI	(In years   IFUI	NDER 1 YEAR IF UNDER 24 HRS.
	MALE	WHITE WIDOW	DIVORCED	NOV. 2	45	birthday) Mon	oths Days Hours Min.
d d	SUAL OCCUPATION PRIETOF	N (Give kind of work done 10b. ing life, even if retired)			ar foreign cauntry) MARYLAND	12	CITIZEN OF WHAT COUNTRY?
	THER'S NAME	102	011110 111011	14. MOTHER'S MAIDEN N			
	HERBERT	GRIFFITH		SOPHIA PO	RTER		
		IN U S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT		Address	
\$1.89. Inc	o, or unknown) {	If yes, give war or dates of service)	6-01-8795	MEMORIAL HOSP	ITAL	CUMBER	RLAND, MARYLAND
18	CAUSE OF DEA	TH (Enter only ane cause per li	ne far (a), (b), and (c).]		. /		INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: (a)	cutt conges	Time hear	7 Kacken	- P	Love ,
- /	133X	DUE TO	-4	, , , , , , , , , , , , , , , , , , , ,	1 smo i	C 0	1 10
	Canditions, if a		releaser	lantenging	fry lef	Musy	Consula.
	gove rise to 11 ouse (a), stating (		)	11.04.1	n l		
	ying couse lost	) (e) <u> </u>	o neuma	of regis			
CATION	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE CONI	DITION GIVEN IN	PART I(o) 19, WAS AJTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	O. ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING   20b DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in i	Port I ar Port II of i	lem 18.)	
<u> </u>	c. TIME OF INJUR			LACE OF INJURY (Home, form octary, street, affice bldg., etc	20f (City or law	n)	(County) (State)
₩EC	p. m.	19 While of wor	IADI MUIIE				
2	1. I certify th	at I attended the deceas	ed fram June	4 1959 to	ume 5	1955 that	I last saw the deceased
I I	live on	ine 5 , 195			M. fram the c		the date stated above.
	0	11 0	1.		ADDRESS (Street, ci		
	CTUAL GNATURE	umas T. 4	8 Marco	M.D. Hotel a	Eg more	dem	6/6/59
PI	HYSICIAN'S DR		VIS HXWXXW	Cemp	en land,	This	
	JRIAL, CREMATIO	N, 22b. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d LOCATION (C	ity, lawn, ar cau	inty) (State)
BUF	EMOVAL (Specify)	JUNE 8 159	F'BG. MEMO	RIAL PARK	FROST	BURG.	MD.
23. FU	NERAL DIRECTOR	SIGNATURE	ADDRESS	24a REC'	D BY REGISTRAR	24b REGISTRAR	
J	R. DU	RST, FROSTBU	RG, MD.	DATE	HIN 9. 150.	arth	un & Kraud



VS A15 (4) 15M 9/SB

1		
eral director,	I and 2 should be filed with	
by filled in by the funeral	Should s	
d in b	1 and	
ely fille	Pages 1	
und completely	in please remave capban popers.	ĺ
on and	cappan	s affer the
physici	ещале	2 haurs
attending physician and	please 1	t within 72 haun
0	=	44

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6221 **CERTIFICATE OF DEATH**

116223 Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  AT THE CANT	v		MARYLA	- 11	USUAL RESIDENCE	•	ed lived. If institu b. COUNT	Υ		dmission)
ALLEGAN  b. CITY OR TOWN (1)	f outside corporate limit	s, write	c. LENGTH OF STAY IN	1b	MARYLA c CITY OR TOWN		orote timits, write	ALLEG RURAL ond gi	~~~~	town)
RURAL ond give or CUMBERL			2 H URS	0	CUMB	ERLAND				
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, g	WAITW	TCK" &MEMORIA	L	d. STREET ADDRES	SS			e. tS	RESIDENCE
	L HOSPITAL		VES.		232	BEALL S	TREET			s □ NO (X
3 NAME OF DECEASED	Fic	it	Middle		Lost	4. DATE	Mc	enth	Doy	Year
(Type or print)	KA	THRY	N LeClai	r	GRIFFITH	D. F. A. T.	น อุบท		16	19 59
S. ŞEX		7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In year lost birthday) 03 yr	Months [		JNDER 24 HRS.
FEMALE	WHITE	WIDOW	-			1876				
10o. USUAL OCCUPATION during most of world	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR	IN <b>D</b> USTRY	11. BIRTHPLACE (S	State or foreign	country)	12. CITIZ	EN OF WH	IAT COUNTRY?
Seamst			Clothing		PENNS	YLVANIA		U	. S.	A.
13. FATHER'S NAME				1	I. MOTHER'S MAID	EN NAME				
JETHR					HIL	L, LIDA				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of se		SOCIAL SECURITY NO.	INFO	TIAMS		Ad	dress		
No				ME	MORIAL HO	SPITAL	CUMBI	ERIA ND,	MAR	YLAND
	ATH Enter only one co	use per t	ne far (a), (b), and (c).]		-7	7		1. 4-		AND DEATH
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o		hran	استياسهم	x ///	Try me In	- Bugge	laters	/	44
422,2	DUE TO							Ť		1
Conditions, if o										-
gove rise to i couse (b), stoting										
lying couse lost.	) (c									
PART II OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	1 BUT NO	RELATED TO THE T	TERMINAL DISEA	SE CONDITION G	IVEN IN PART	P	VAS AUTOPSY ERFORMED? S NO KO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injur	y in Port 1 or Po	ort II of item 18.)			
WED OF INJUR	Y Month, Doy, Yes	White	Not while**		OF INJURY (Home, street, office bldg		ly or town)	(Co	ounty)	(Stote)
	. /		- 11/	10	1	/	4 /00			
′ _	at Lattended the	deceas		15	5, 19, ta_		/ /			e deceased
alive an	47-17-1	., 19_	, and that d	eath ac	curred at815		the causes a Street, city or town		date st	ated above DATE SIGNED/
ACTUAL	$) \lor f f$	11	Il. T	727	0	ADDRESS	Street, City or town	store)	7.1.1	1/1/
SIGNATURE	11/11	11	vuera	-c-1420		8-2-CE-1	46	and the	4/2	<u>"//9</u> >
PHYSICIAN'S NAME (Type)	DR. RICH	ARD 1	WILLIAMS							
220 BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEMETE	RY OR CE	EMATORY	22d. 1.OC	ATION (City, town	or county)		(Stote)
Burial	June 19	.19	59 S.S.Pe	ter	& Paul		umberla			
23 FUNERAL DIRECTOR			ADDRESS	M.		REC'D BY REGI	25.0	SISTRAR'S SIG		
Charles	L. George	1	Cumberland	, Mc	DATE	JUN 22	'59 C	brthung S	Kraug	



VS A1S (4) 15M 9/58 X

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MARYLAND	<b>STATE</b>	<b>DEPARTMENT</b>	OF HEALTH-	-BALTIMORE,	18
000					

6281 CERTIFICATE OF DEATH

116224 Reg. Dist. No.

1 PLACE OF DEATH o. COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Md. b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) Rural Westernport  82 Yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Rural Westernport
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3 Mi. E. Westernport	d. STREET ADDRESS  Ni E. Westernport  on A FARM?  yes \( \) No \( \)
3. NAME OF DECEASED (Type or print) George Franklin	Grove 4. DATE Month Day Year OF DEATH June 7 1959
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  Dec. 18, 1876  9. AGE (In years of the street of the s
10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  Laborer  Farm	
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
John W. Growe	Harriett Ann Sigler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	NFORMANT Address
[Yes, no, or unknown]  NO	rs. Lloyd Mrs. Jacob Blizzard-Westernport, Md
DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  DUE TO   NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  D. (Enter noture of injury in Part 1 or Part II of item 18.)	
Hour o.m. 19 While Not while of work of work	tory, street, office bldg , etc.)
21. I certify that I attended the deceased from	1954, to J. 116 7, 19:7, that I last saw the deceased
actual SIGNATURE PHYSICIAN'S	accurred at
NAME (Type)	
220 BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY Of Burial Duckworth	R CREMATORY 22d LOCATION (City, town, or county) (Stote)  R. D. Westernport—Alle—Md.
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
El. Bra Westernport, Md.	DATE JUN 9 '59 Orlhun & House



VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06225

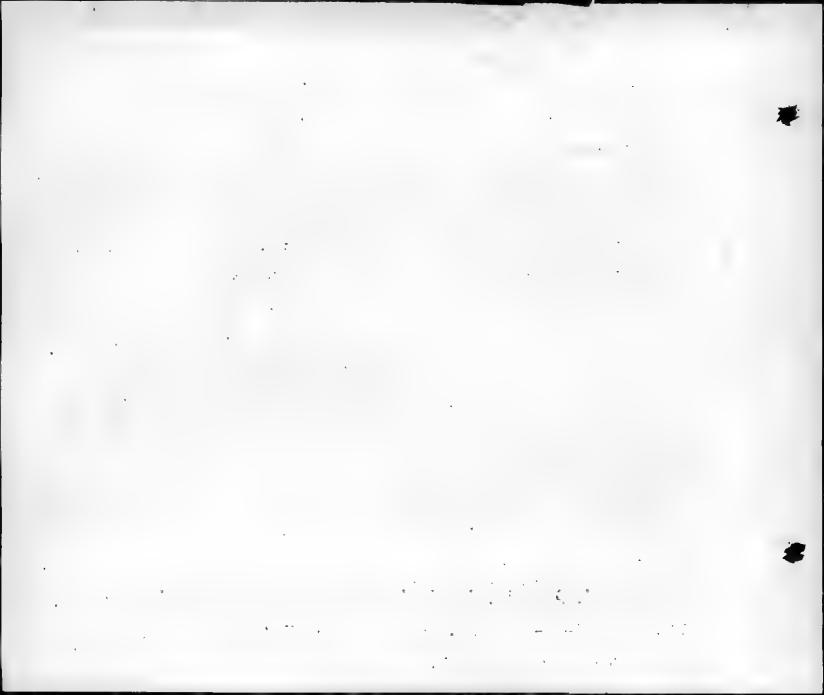
	<u>-</u>	U.G.O.	CERTIF	ICAT	E OF D	EATH	1			Reg. D	ist. No.		
1. PLACE OF DEATH a. COUNTY	llegany		MARYLA	14	USUAL RESID o STATE	ence (wh			If institution		nce befor		iston)
Cumberl	f outside corporate limi carest town) and	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TO	o II) NWC		_	is, write Ri				n)
or institution Route 3	AL (If not in hospital, g	ive street		1	d. STREET AC							ON A	SIDENCE A FARM? NO TE
3. NAME OF DECEASED (Type or print)		ta	Madle Mae		losi [anifi		4. DATE OF DEATH		June		6	у	Year 19 59
s. sex female	white	WIDOWE	Name of the last o	u iv	ATE OF BIRTH	19.1	899	60	(In years oirthday) yrs.	Months 1	R I YEAR Doys	Hours	ER 24 HRS Min.
Sales la	ing life, even it refired	)	kind of Business or etail Mdse	INDUSTRY	11. BIRTHPLA	CE (State	ar foreign a			12. CI	TIZEN O		COUNTRY
	n Hanifir						AME Hart	man					-
15. WAS DECEASEDEVE [Yes, no. or unknown)	R IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO. 78-12-4491	Joh		Hani	fin,	Rt.3	Addr J, Cun		land	1, 1	/ld .
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		re for (a), (b), and (c).] r	2002	a of	Br	ea.	29	-12	eft.	INTE	RVAL BI	DEATH
Conditions, if are gave rise to it cause (a), stating	ny, which (b)	)											
lying cause last.	) (c		ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO	THE TERMIN	NAL DISEAS	E COND	ITION GIV	EN IN PAI	RT 1(a) 15	PERFO	AUTOPSY DRMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	URRED. (E	nter nature of	injury in P	art I ar Par	t II of ite	m 18.)		-	_	
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While	JURY OCCURRED 20 Not while of work	foctory,	OF INJURY IH , street, affice	ome, farm, bldg., etc.	20f. (Cit)	y or tawn	1	(	(County)		(Slate)
21. I certify the alive an ACTUAL SIGNATURE	at I attended the	decease , 19_s	Sept Sept Sept	eath oc	_, 19 <u>.55</u> , curred at	1:30	M, fran A <b>DDRESS</b> (S	n the c	auses a	nd an t	the dat	e stat	ed abave
PHYSICIAN'S NAME (Type) R1	*****		iams M.D.		Cumb	erla	nd.	Mary	<u>zlan</u> d	1			
200 BURIAL, CREMATIO REMOVAL (Specify) BUTLA	6-10-19		Rose Hil				22d. LOCA Cum		ly, tawn, o Land	,,,		(Stat	e)
23 FUNERAL DIRECTOR		i C	ADDRESS	Ma	1		BY REGIST		24b. REGIS			Ē	



. Page 4	i directar,	fitted with	N
TO HOSPITAL OR NOING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often foth. Page	may be retained by the haspital ar attending physicion.	page 3 should be detached for use as the burial-transit permit. The please remave carbon papers. Pages 1 and 2 should be 🖈	the registror prior to buriol, crematian, or remaval, and in any event within 72 haurs afterdeath.

TO HOSPITAL OR

			CERTIFIC	ATE OF DEA	In		Reg. Di	st. No.	
1. PLACE OF DEA o. COUNTY	TH legany	622	2 MARYLAND	2. USUAL RESIDENCE a. STATE Mary]		d lived. If institution b. COUNTY		ce before	ndmission)
6. CITY OR TO	WN (if outside corporate li live nearest town)	mits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN	(If outside corpo	rate limits, write R	URAL ond	give neares	it fown)
OR INSTITU	OSPITAL (If not in haspital	give street o		d. STREET ADDRES	s				IS RESIDENCE ON A FARM? (ES NO 1
3 NAME OF DECEASED (Type or print)		<sub>Fisi</sub> Lawren	Middle	Lost Henckel	4. DATE OF DEATH	Mon	th	Doy 16	Year 1950
5. sex	6. COLOR OR RAC	E 7. MARRI WIDOWE	ED NEVER MARRIED TO	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months		UNDER 24 HR Hours Min.
100 USUAL OCCU	f working life, even if retir	k dane 10b.   ed)	KIND OF BUSINESS OR IND	7.	tate or foreign o		12 CIT	ZENOFW	HAT COUNTR
13. FATHER'S NAM		7		14. MOTHER'S MAIDE				- B 3 4 B - 1	4
	DEVER IN U. S. ARMED FO	ORCES? 16. 5	SOCIAL SECURITY NO.	INFORMANT	nart	Add	ress		
PART  15  Conditions gave rise couse (o) st lying couse		(b) Mul	acleus acleus acleyia	to liver	y-pa	e condition GIV	ah I	2 u	WAS AUTOPS PERFORMED?
OR CONTRIB	Semility  If was underlying D  JTING CAUSE OF DEAD  OTHER MEDICAL EXAMINE	je!	RIBE HOW INJURY OCCUR	RED (Enter nature of injury	y in Port I or Par	t II of item 18.)			ES NO
G Kour	INJURY Month, Day, p. m. p. m.	While	_ Not while	PLACE OF INJURY (Home, octory, street, office bldg.,	form, 20f. (City	or town)	{6	County)	{Stot
21. I certicalive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Tune 16	) a	and that deal	122, 1959, to the accurred at	ADDRESS (S	the causes an treat, city or lown,	d on the	date s	
	AAT.ON, 22b. DATE THER 6-19-	<sup>EOF</sup>	ST. PATRIC		1	TION (City, town,	or county)	D.	(Stote)
_	CTOR'S SIGNATURE	מוומיים	ADDRESS	24a. I	REC'D BY REGIST		STRAR'S SI		A



V5 A15 (4) 15M 9/S8

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MARYLAND STAT	E DEPARTMENT	OF	HEALTH—BALTIMORE,	18
6223	CERTIFICATE	OF	DEATH	Po

06227

CEKHILICATE OF DEATH Reg. Dist. No.

), PLACE OF DEATH g, COUNTY		2. USUAL RESIDENCE (W			ence before admission)
ALLEGANY	MARYLAND	MARYLA		COUNTY	LEGANY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND	LENGTH OF STAY IN 15	CLANDEDI		ils, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (IF not in hospital give street OR NSTITUTIONE MORIAL HOSPITAL MEMORIAL AND WARNICK AVENU	1	d. STREET ADDRESS	LEXINGTON	AVE	e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF First DECEASED (Type or print) HARRY	Middle Å	HIGGINS	4. DATE OF DEATH	Month JUNE	Day Year 1 19 <b>5</b> 9
5. SEX MALE 6. COLOR OR RACE 7. MARK	NEVER MARRIED	8. DATE OF BIRTH FEBRUARY 13			R I YEAR IF UNDER 24 HRS
10a. USJAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if retired)  Retired Janitor Pi	KIND OF BUSINESS OR INDUSTRIBLE  1blic School	· ·	or fareign country) GINIA	12 CI	U.S.A.
CHESTER K. HIGGINS		14. MOTHER'S MAIDEN I	OTTE HUNT		
TS WAS DECEASEDEVER IN U. S. ARMED FORCES? [16] [Yes, no. or unknown] [ (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT		Address	
2	14-05-4516	MEMORIAL HOSP	ITAL CU	MBERLAND,	MD.
18. CAUSE OF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	acete Congl.	tur Heart fa	etim		INTERVAL BETWEEN ONSET AND DEATH OF LIFE
Conditions, if any, which (b)	arterstentice	Buch Casal	a Descise	!	1
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	Pulomany In	faction			
PART 11. OTHER SIGNIFICANT CONDITIONS OF THE PART 12. OTHER 12. OT	CONTRIBUTING TO BEATH BUT	excusts &	Jangar G	lest fort	PERFORMED?  YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury w	Port I of Port II of it	em 18)	
A Haur o.m. While		ACE OF INJURY (Home, farm chary, street, affice bidg, etc		n)	(County) (State
21. I certify that I attended the deceas		, 1959_, to	June	, 19 <b>57</b> ,that 1	last saw the decease
alive an 19	54, and that death	accurred at 4.20F			
ACTUAL SIGNATURE & Question 1d	une by hto	M.D. 233 Uc. C	ADDRESS (Street, cit	y or town, state)	6/2/59
PHYSICIAN'S DR. OVERTON IN	MMELWRIGHT		(		
220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	R CREMATORY		ily, town, or county	, , , , , , , , , , , , , , , , , , , ,
Burial June 4,1959	Restlawn Ga	rdens	Cumber D BY REGISTRAR	Land MC	
James F.Scarpelli. C				arthur &	



VS A15 (4) 15M 10/57

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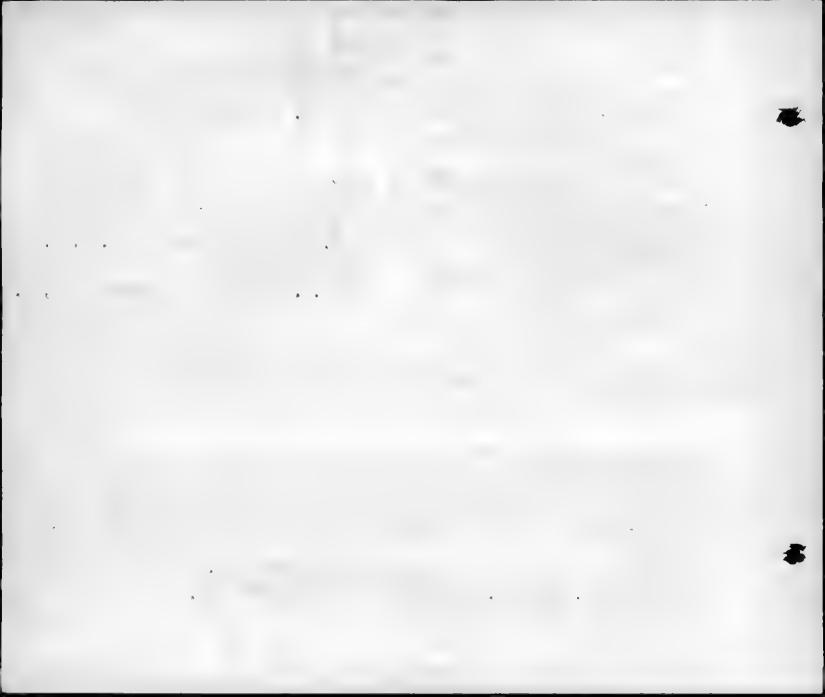
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06228

6224 **CERTIFICATE OF DEATH** 

Reg. Dist. I	Vo.
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1.	PLACE OF DEATH D. COUNTY	Allegany		MARY	LAND	2 U	SUAL RESIDE	ryl.	and	d lived. If inst b. COUI		Alleg		ionj
Г	b. CITY OR TOWN (IF RURAL and give no Cumbe)		write c. LEN	126/59	IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Mt. Savage								
	d NAME OF HOSPITA	Allegany C		///	mar		I. STREET ADD							DENCE FARM? NO
3	NAME OF DECEASED (Type or print)	Sarah	Eli	Middle Lzabet		H	Llton		4. DATE OF DEATH		Month	26,		19 59
	sex Female	White w	MARRIED TO	DIVORCE	٥٥١	6,	2/188	_			ers IF U	INDER 1 YEAR onths Days	Hours	R 24 HRS Min.
L	Housewil	N (Give kind of work doning life, even if retired)	e 10b. KIND C	OF BUSINESS O	RINDUS		Mt. S	ava	ge, l	ounly) Maryla		U.	-	COUNTRY,
13.	FATHER'S NAME W1.	lliam Henr	y Deri	rick		14.	MOTHER'S M		Ree	đ				
15 {Y	WAS DECEASED EVER	IN U. S. ARMED FORCES	\$? 16. SOCIAL	SECURITY NO			MANT P.C	•Bo	x 59	9		Cumbe		
-	No			ONC		AI.	Legany	CO	unty	Infir	mar			
	18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  JULIUS FOR U													TWEEN DEATH
	23/X Conditions, if on	DUE TO	6	erelor	al	2	The	cer	90	who	g S		?	
_	gove rise to in couse (o), stating I lying couse lost	he under- DUE TO	1.e	relex	el	-	Arte	21.	EDL	Cel	to st		>	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO []								RMED?					
L CERTIF	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] 200 [] CAUSE OF DEATH MEDICAL EXAMINER]	b. DESCRIBE H	ow injuky o	CCURREC	). (Ent	er nature of H	njury in I	Port I or Par	t II of item 18 )				
MEDICAL	20c. TIME OF INJURY Month, Day, Year North Day													
	21. I certify that I attended the deceased from 4/26/59 , 19 , ta 6/26/59 , 19 , that I last saw the deceased													
	olive on 6/25/59, 19 , and that death occurred a8:40A M, from the causes and an the date stated above.													
	ACTUAL SIGNATURE SIGNATURE ADDRESS (Street, city or lown, stote)  ACTUAL SIGNATURE ADDRESS (Street, city or lown, stote)  DATE SIGNED 6/26/59													
	PHYSICIAN'S NAME (Type)	Dr. James	E. Mo	Lean			Cum	ber	land	, Md.				
	220. BURIAL CREMATION, 22b. DATE THEREOF, REMOVAL (Specify)  Burial 6 29 59 Eckhart Cemeters Eckhart, Manyland  3 EUNERAL, DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  Eckhart, Manyland  ADDRESS  24d. REC'D BY BEGISTRAR'S SIGNATURE													
	John J. Hafer. Countain and DATE JUL 1 '59 arily & Trave													



06229

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

o. COUNTY ALLEGANY MARYLAND	o. STATEMARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND  3 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND
OR NAME OF HOSPITAL WESTOR PORTAL HOSPITAL (*) MEMORIAL & WARWICK AVES.,	810 EDGEWOOD DRIVE e. IS RESIDENCE ON A FARM? YES NO CK
3 NAME OF First Middle (Type or print) THERESA KIM	HODGES  4. DATE Month Day Year JUNE 14 19 59
S. SEX  6. COLOR OR RACE  7 MARRIED NEVER MARRIED  WIDOWED DIVORCED	B. DATE OF BIRTH  OCTOBER 13, 1957  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months: Doys Hours Min   2008
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  CUMBERLAND, MARYLAND U.S.A.
13. FATHER'S NAME WILLIAM R. HODGES	14. MOTHER'S MAIDEN NAME MARY L. LEIBRANT
(Yes, pp. pr unknown)   Iff was rown more or dotes of service)	INFORMANT Address IEMORIAL HOSPITAL, CUMBERLAND, MD.
Conditions, if ony, which gove rise to immediate couse (a), stating the under DUE TO	MALACIA  INTERVAL BETWEEN ONSET AND DEATH 20 mo.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING TO DEATH BUT OR CONTRIBUTING TO ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES NO   LACE OF INJURY (Home, form,   20f. (City or town) (County) (State) protory, street, office bidg., etc.)
p. m. 19 of work of work 21. I certify that I attended the deceased from 12	
220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY CONTROL PROPERTY OF THE PROPER	
23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight Cumberlar	ad, Md. 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE CALLING A. FLAME



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO X

Year

19

PERFORMED?

YES | NO IZ

(State)

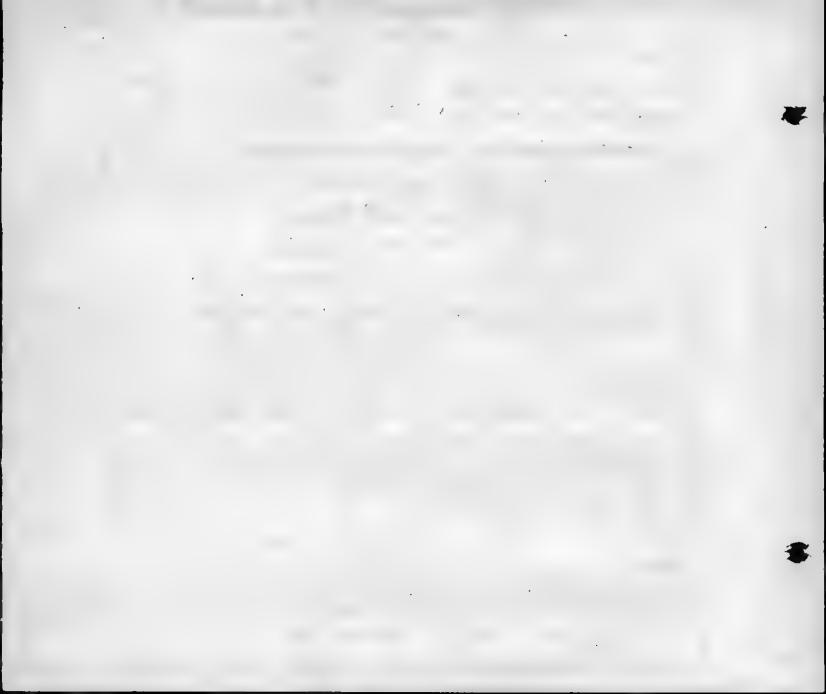
DATE SIGNED

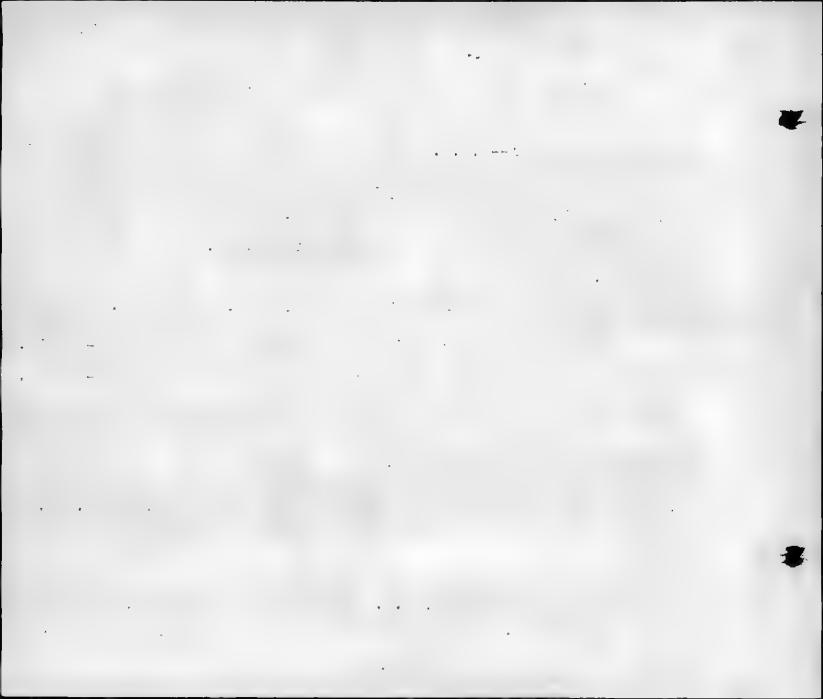
(Stote)

Haurs



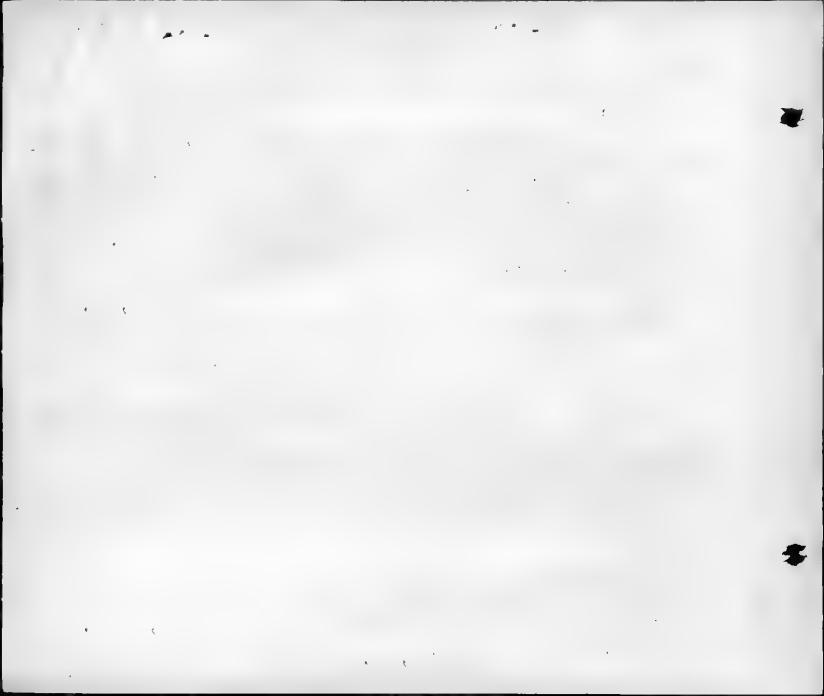
	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16231
	6227 CERTIFICATE OF DEATH  Reg. Dist. No.
Ţ	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institutioni Bestdence before admission)  a. COUNTY  b. COUNTY
L	O. COUNTY ALLEGANY MARYLAND O. STATE AMD B. COUNTY GARRETT
Г	b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
L	CUMBERLAND MO   E WEEKS   GRANTSUILLE MO
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  MEMORIA-L 1037  d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \( \sum \) NO [2]
3	NAME OF First Middle Lost 4. DATE Month Day Year
	(Type or print) - RANK - FUTZEL DEATH NUNE 30 1959
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS toll birthday) Months Days Hours Min.
	M WIDOWED DIVORCED DI
ī	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
	LABOR RETIRED GARRETT G MD 115/
Ī	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	WILLIAM HUTTEL SARA BUNKALDER
Ē	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Г	mrs. Frank Heiter of Frankrik llo Med
F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
1	PART I. DEATH WAS CAUSED BY: CARCURAGE (a) CARCURAGE TO CALLER TO CALLER TO DEATH
Т	153.8 DUE TO
	Conditions, if any, which
1	gave rise to immediate DUE TO
ı	lying cause lost. (c)
Cross Country	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES   NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING EXAMINER)
10,000	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State)
1	Hour a.m.  While Not while factory, street, office bldg., etc.)  p. m.  19 at work at wark
	21. I certify that I attended the deceased from JUNE 22, 1959, to JUNE 20, 1957, that I last saw the decease
	alive on JUNE 29 1957, and that death accurred atM, fram the causes and on the date stated above
1	ADDRESS (Street, city or tawn, state)  DATE SIGNI
	SIGNATURE for the formation of the state of
	PHYSICIAN'S JAMES G STEGMARER CUMBERLAND, MD
2	20 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	PSKITL 7/3/59 DURST RUBBL GRANTSUILLE CARRETT (OH
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAP'S SIGNATURE
1	Von Acuman Signiturelle Me DATE JUL 9 '59 Colling & to
F	2. Reals





A	1
ge 4	sclor,

	1. (	PLACE OF DEATH o. COUNTY Allegany MARYLAN	o. STATE Maryland b COUNTY Allegany
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neagest lown) Lionadoning	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lonaconing
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Douglas Avenue	/d. STREET ADDRESS Douglas Avenue  o. IS RESIDENCE ON A FARM? YES □ NO ▼
		NAME OF First Middle (Type or print)  Name of First Middle	Izat 4. DATE Month June 26 19 59
		SEX   6. COLOR OR RACE   7 MARRIED NEVER MARRIED   Female   White   WIDOWED □ DIVORCED □	Igst bigndby)   Months   Davis   Hours   Mon
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II during most of working life green if retired)  Own Home	
	13.	FATHER'S NAME Alex McCormick	14 MOTHER'S MAIDEN NAME Mary Stafford
1	15 (Ye)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (If yes, give wer or dates of service)	Thomas Izat Lonaconing, Md.
		18. CAUSE OF DEATH [Enter only one couse permine for (o)] (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	Chese Provascular and DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the underly lying couse lost.	oscle mais
2	CERTIFICATION		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part t or Part it of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
			ath occurred at AM, from the causes and on the date stated above  ADDRESS (Street, city or lown, stote)  DATE SIGNED
1		PHYSICIAN'S DE O ME Vasc	
		BURIA. CREMATION, 226. DATE THEREOF) 220. NAME OF CEMETER OAK HILL	remetery Lonaconing, Md. (Stote)



VS A15 (4) 15M 9/5B

			STATE DEPAR	TMENT OF H	EALTH	I—BALT	IMORE, 1	8 ()	6234	
		6229	CERTIF	ICATE OF D	EAT	1		Reg. Dist. No	).	
o. COUNTY	EATH ALLEGANY		MARYLA	o. STATE	ENCE (WI		lived. If institution b. COUNTY	ALLEGAN		)
RURAL an	give nearest town	orporate limits, write )	c. LENGTH OF STAY IN			Nutside corpore	ole limits, write RL	JRAL and give ne	earest town)	
	ERLAND HOSPITAL (IF HOS PRIAL HOS	in hospital MEMOR!	PALE EWARWICK AVES.	9. STREET A	DDRESS				e, IS RESIDE ON A FA YES N	RM?
B. NAME OF DECEASED		First	Middle	Lasi		4. DATE OF	Mont		ay Yeo	7
(Type or prin		R OR RACE 7. MARI	R.	KAMMAUF  B DATE OF BIRTH		DEATH	JUN P AGE (In years	IE 13	19	5
FEMA		TE WIDOW	RIED 🔀 NEVER MARRIED ED 🔲 DIVORCED [	<u> </u>	1923		lost birthdoy)	Months Days		Min.
URSES	CUPATION (Give k	ind of work dane 10b ven if retired) CO	KIND OF BUSINESS OR I	MATO W		ar foreign car	untry)	12. CITIZENO		NTR
FATHER'S N	AME			14. MOTHER'S	MAIDEN N	IAME		•		
	ENJAMIN				SIE (	BRAIN		<u> </u>		
S. WAS DECEA Yes. no. or unknow	SEDEVER IN U.S.		SOCIAL SECURITY NO. 2-12-5326	MEMORIAL	HOSP	ITAL	CUMBE	RLAND,	MD.	
2/4 Condition	T I. DEATH WAS C	AUSED BY. TE CAUSE (o) DUE TO	(in 2 12 1	Jesemin.	2 4 l	ed m	rili (	on on	SET AND DE	ATH
tying cou		(c) (c)	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THETERM	NAL DISEASE	CONDITION GIVI	EN IN PART I(o)	19 WAS AUT PERFORM YES   N	ED?
20g. ACCID OR CONTR (IF EITHER,	ENT WAS UNDERL BUTING   CAUSE NOTIFY MEDICAL	OF DEATH	CRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in	Port I or Part	II of item 1B )	1		
	FINJURY Manth, o. m. p. m.	Doy, Year 20d. II While at war	NJURY OCCURRED 20  Not while at work	e PLACE OF INJURY (I foctory, street, office			or fown)	(County	)	(Stot
alive an	) 12 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2)2)1	5 9 and that de		:25P		he causes and			bov
PHYSICIAN NAME (Ty)	•) DK •	DONALD GRO				001.)00/-	(O) 1 (C)			
BURT	Specify) 6	-17-59	F bg Memo		۶		Sthure	r county)	(Stote) Md.	
J. R	DURST	FROSTBU	ADDRESS		24a. REC'	D BY REGISTE	AR 24b. REGIS	TRAR'S SIGNATU		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Orthur & Krank



VS A15 [4] 15M 9/SS 13

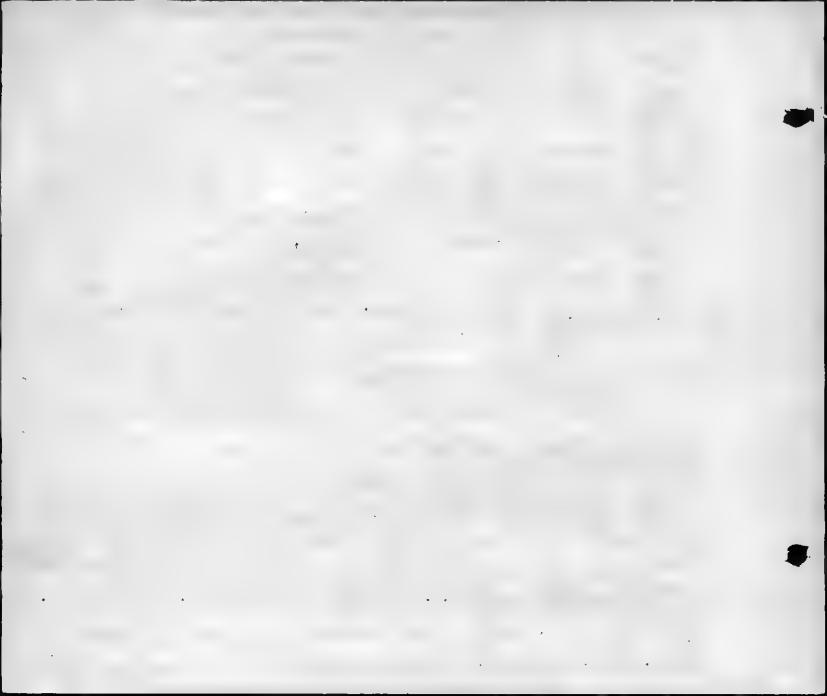
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IARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1	Ş
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6230 CERTIFICATE OF DEATH

N

1. PLACE OF DEATH a. COUNTY	A11.		MARYL	- 11	o. STATE	•		lived. If institute b. COUNTY				ion)
b. CITY OR TOWN (	Allegany f outside carporate limi	ts, write	c. LENGTH OF STAY IN	4 1P	Maryland Allegany  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL and give no			vears	-   -	(Cambo	band						
	'AL (If not in haspital, g	jive street			, d STREET ADDRESS . IS RESIDENCE							IDENCE
228 Utah				- 1	228 U	4 1 1 1						NONT-
3. NAME OF	AVEIIUE Fi		A42.4.B				4. DATE					- 26
DECEASED			Middle		losi Carns	r	OF	Mai		Doy		Year
(Type or print)	- Willey						DEATH	June 3		111212		1959
S. SEX	6. COLOR OR RACE				DATE OF BIRTH			<ol><li>AGE (In years lost birthday)</li></ol>	IP UNDER	Doys	Hours	Min.
Female	White	WIDOWI	All and a second	- 10	ugust	7, 18	69	89 yrs.				, ,,,,,,
10a. USUAL OCCUPATION during most of world	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 31. BIRTHPL	ACE (State of	ar foreign co	untry)	12. CI	TIZEN OI	F WHAT	COUNTRY?
Housewife			n Home		Artem	as. P	ennsy	lvania		USA		
13. FATHER'S NAME					14. MOTHER'S							
John	Henry Mar	tin			Mary	Shinl	ev					
15. WAS DECEASED EVE	R IN U S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO.	17. INI	ORMANT	-112 p =		13 Ve	Mont	Ave	nue	
	(If yes, give war ar dates of t	arvice)	none	Mane	. Howa	nd Da	widoo	n Cumber				and
no	THE Estate only one or	-	none	1 1 6	i ilowa	Tu Da	VLUBU	it Cumpe.	LAHO			TWEEN
	TH WAS CAUSED BY:	lose per in	te no tot and tot.]		0	"						DEATH
	IMMEDIATE CAUSE (c		1	el		77				7	-	1
7 .	DUE TO	1	7 11	0	, .		79-	/	7		-	
Conditions, if o		1	errera	to	301	L. Le.	Chris	ext.	Eng.	<u> </u>	ے د	><
gaye rise to i cotie (a), stating								_		1		-
lying cause lost.		:)(										
PART II. OT	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 19	WAS	AUTOPSY ORMED?
S. I						*						NO 🗆 🗷
PART II. OTH	S UNDERLYING TO	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature o	f injugy in P	art Lar Part	II of item 18.]				
U (IF EITHER, NOTIFY	MEDICAL EXAMINER					7	_					
20c. TIME OF INJUR Haur a. m.	Y Month, Day, Ye	or 20d. II	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY (	Home, form,	20f. [City	or lawn)	(	County)		(Stote)
Haur a.m.	19	While at wor	Nat while	focto	rry, street, affice	bldg., etc.)	1	-	·	- ,,		` .
			17 /-	10.			100	1/4				
21. I certify th	gt I attended the	deceas		/2.5	. 19	- Parl	136 1					deceased
alive an	7 = 5 7 7	12	and that a	leath (	occurred of			the causes of		he det		
1	12/1/	1	0 10 .				ADDR <b>PSS</b> (Str	eet, city or lown,	state)	K	Di	ATP SIGNED
SIGNATURE	1 X /0 6	6/6	Minn	ZM	D. 6-1		fres	Lan	1	1111	161	30/50
PHYSICIAN'S	- //									1 61		//
NAME (Type) R	ichard Wil	Diam	s M.D.		122	South	Cent	re St.	Cumbe	rlar	d,	Md.
22a. BURIAL, CREMATIC	N. 226. DATE THEREC	)F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCATI	ION (City, town,	ar county)		(Stat	e]
REMOVAL (Specify) Burial	July 2.	1959	Fairview	Chri	istianC	em	Artem	as, Pen	nsvlv	anie	3	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				BY REGISTE	AR 24b, REGI	STRAR'S SH	GNATUR		
		mlan	d Manulan	a		JUI	L 6 '59	, .	Plan 8.	There	Ą.	



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

062366231 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND Allegany arvl and Allegany b. CITY OR TOWN (if outside corporate limits, write a. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town? Cumberland Sumberland d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Sacred Heart Hospital 226 Williams St. YES NO R NAME OF 4. DATE ■ Middle Month Year DECEASED (Type or print) Christine Elizabeth Ketzner DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys 76 yrs. WIDOWED | DIVORCED | Female 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. 4. West Virginia Own Home Housekeener 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georgia Forney John Ketzner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address patien's No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: le user IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUF TO couse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) LIF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) p. m. While Not while ot work ot work p. m. 1957 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 1:25 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S G.E.Durrett, .M.D. Virginia Cumberland . H NAME (Type) 220 BURIAL CREMAT ON. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Rurial Cumberland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Charles L. George, 202 Greene St. Cumberland, MPAIRJUN 26'59

0 VS A15 (4) 1SM 9/58



TO HOSPITAL OR

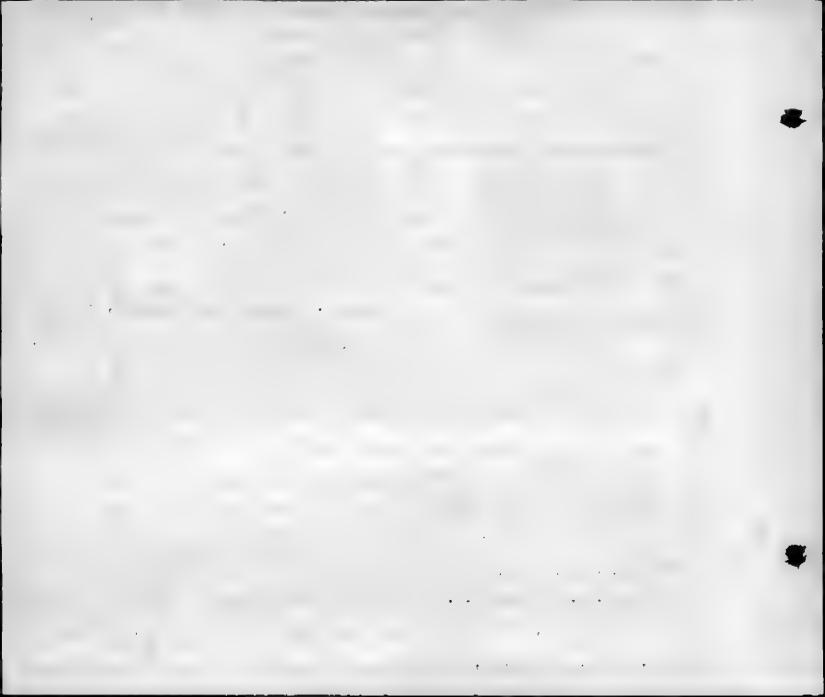
VS A15 (4) 15M 9/55

X

Reg. Dist. No.

06237

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryaand b COUNTY Allegany
ALLES, ally	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cumberland  years	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)  Cumberland
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE
1419 Oldtown Road	1419 Oldtown Road YES NOTE
J. NAME OF First Middle	
OFFICE ASED (Type or print) Ella Beatrice Knippen	OF
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 1880 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED D	ecember 28, 1861/ 78 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Own Home	Allegany County, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Irons	Candace Dicken
	formant 1419d@ldtown Road
	orge H. Knippenberg Cumberland, Md
1B. CAUSE OF DEATH [Enter only one cause possine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CALCELOUL	Tomes Tomes Tomes
DUE TO	
Conditions, if any, which )	
Pave rise to immediate	
couse (a), stating the under-	
lying couse last. ) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
<u> </u>	YES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH GIF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, form, 120f. (City or town) (County) (Stole)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctor work of work	ory, street, office bldg., etc.)
7)	1954to June 2,519 Stringt I last saw the deceased
alive an 1929, and that death a	occurred at 7/10 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
actival / b h 100 1	ADDRESS (Street, city or town, state)  OATE SIGNED
SIGNATURE AND SCREEN M.	o. 44 Trece Villelfestates Fil
NAME (Type) L. B. Mathews M.D. 49 Gree	ene Street Cumberland, Maryland 4/2/
220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, tawn, or county) (State)
DEMOVAL (Speciful	crematory 72d. Location (City, lown, or county) (Stote) al Cemetery Allegany County, Maryland
DESCOURT (Specific)	



Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Allegany o. STATE Maryland b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give negrest town) 40 years Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 1626 Bedford St 1626 Hedford St NAME OF Middle 4. DATE Year DECEASED (Type or print) Henry Harrison Lee June 27. 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Male White Feb. 7, 1889 WIDOWED [ DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Western Maryland R. R. Amaranth, Pa. Conductor USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry R. Lee Charlotte Rice 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Cumberle on Address Marie 17. INFORMANT No Mrs. Loretta Lee, 1626 Bedford St. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: acute coronary thrombosis IMMEDIATE CAUSE (o) Minutes DUE TO Conditions, if ony, which Hypertensive arteriosclerotic cardiogave rise to immediate **DUE TO** vascular disease Years casse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1. Spastic paraplegia 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) No 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. [City or town] (County) (State) foctory, street, office bldg., etc.) Hour a.m. Not while of work at work 21. I certify that I attended the deceased from June 20. 19.56, to June 27. 19.59, that I lost saw the deceased . 19. 59 % and that death occurred at 2:00 p.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Virginia avenue PHYSICIAN'S G. Overton Himmelwright Cumberland Laryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial (Specify) June 29, 1959 Rose Hill Cemetery Cumberland. Maryland. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR John J. Hafer, 230 Baltimore Ave. Cumberland H. 1



06239

6234 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY ALLE	GANY		MARYL	LAND	2. USUAL RESIDE	ENCE (WH		l lived. If institut b. COUNT		ence befo		ion)
b. CITY OR TOWN (HE RURAL and give no CUMBE	coutside carporate limi grest town)	its, write	2 DAYS	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLDTOWN							
d. NAME OF HOSPIT OR INSTITUTION MEMORIAL	^ Memortal s & Warwick	HUSP'I	7AL)		e. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF DECEASED (Type or print)	Fi	JOHN	Middle	ALTE	R LEWIS	5	4. DATE OF DEATH	JUN		214		1959
S. SEX MA LE	6 COLOR OR RACE	7 MARR	NEVER MARRIE		JUNE 15.	1989		9. AGE (In years lest birthdoy) 40 yrs	Months	ER I YEAR Days	Hours	R 74 HRS Min.
10a. LSUAL OCCUPATION during most of work Merchant	******	done 10b.		R INDUST	RY 11. BIRTHPLA	CE (State	or foreign co	ountry)	12 C	S-A	WHATC	OUNTRY?
13. FATHER'S NAME	LIP LEWIS				14. MOTHER'S A							
1S. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	IN	FORMANT	IE, LU	/1	Ade	dress			
(Yes, no, or unknown)	If yes, give war or dates of :	rervice)			MEMOR I A L	L_HOS	PITAL	CUMBER	LAND.	, MAR	YLAN	D
ICATIC	the under- DUE TO (c)	i) i) iDiT:QNs_C	CONTRIBUTING TO DEA						VEN IN P	ART 1(a) 1	PERFO	AUTOPSY RMED? NO
OR ACCIDENT WAS A CONTRIBUTING (IF EITHER, NOTIFY HOUF O. m. P. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Ye		Not while	20e. PLA	CE OF INJURY (He	ome, farm	, 20f (City			(County)		(Stote)
21. I certify the alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	at I attended the	deceas , 194	9, and that	death	accurred at			/	nd on t		stated	eceased above. E SIGNED
220 BURIAL, CREMATIO BEMOVAL (Specify)	6/26/59		22c. NAME OF CEME Davis Me			tery		ron (City, town,	,		(State	e)
23. FUNERAL DIRECTOR'S		mber	ADDRESS land, Mary	land			N 2 9 '5		ISTRAR'S	SIGNATU	RE	

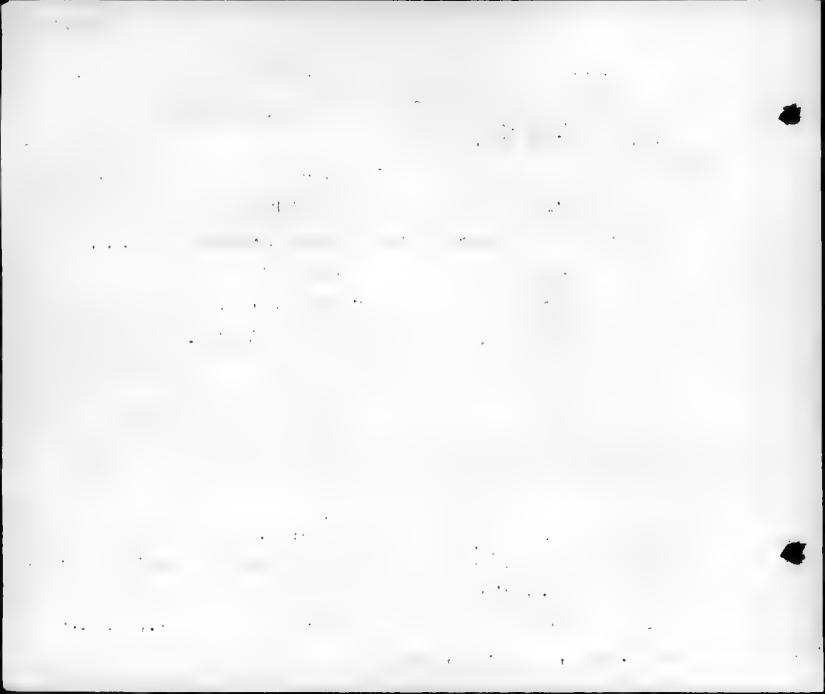
eath Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detoched for use as the burial-transit permit. Then please remave carbompagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

NDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs aft

VS A1S (4) 15M 9/58



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116240

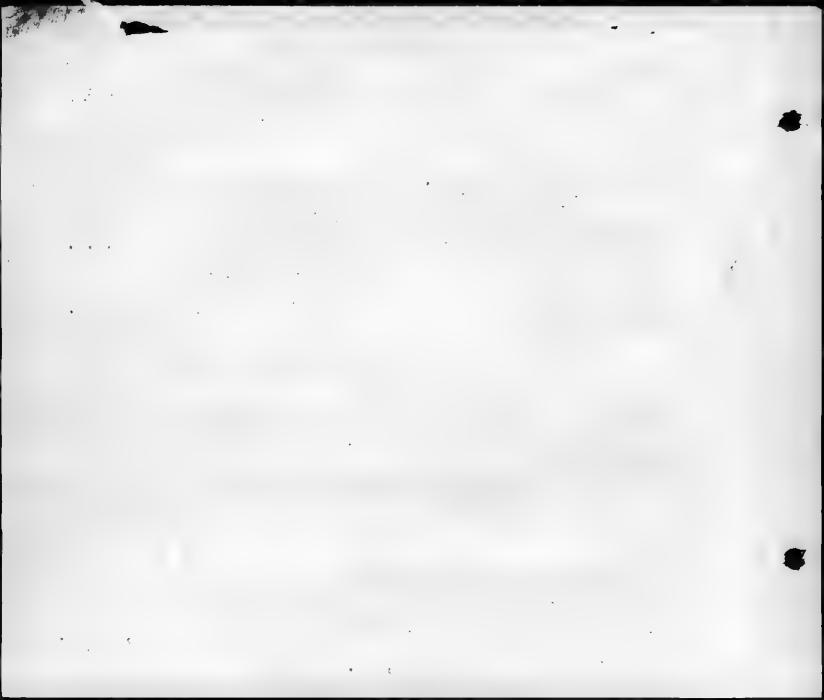
CEDTIEIC ATE OF DEATH

	, 08	OU CERTIFICA	AIL OF DEAT		Reg. Dist. No.
)	1. PLACE OF DEATH O COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WI 0. STATE Mary.	here deceased lived. If insti land b. coun	itulian Residence befare admission) NTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give mearest town)	c. LENGTH OF STAY IN 16	control or town (if a Lonaci		te RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Sacred Heart H	oddress) iospi.tal	d. STREET ADDRESS	lain	e. is residence on a farm? yes \( \) no \( \)
	3. NAME OF DECEASED (Type or print) Bessie	Middle B •	Main		Month 20 Year 59
	Female White WIDOW		6/11/1898	9. AGE (In yes lost birthdo	ors IF UNDER LYEAR IF UNDER 24 HRS 7) Months Days Hours Min
/		Ovn Home	Lonacori		nd U.S.A.
	13. FATHER'S NAME Henry Cross			McCormick	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT James Main		Address aconing, Md.
	18 CAUSE OF DEATH [Enter only one couse per li PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	CFPGG	"Husband"	vsipy	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which ) (h)	Irterio.	denoh	'c card	1000000000000
	gove rise to immediate couse (a), stating the under- lying cause last.  (c)	en. Arle	rioscler		
2.,	PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CONDITIONS OF CONTRIBUTING COURSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	1 . 1-	NOT RELATED TO THE TERMI		GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO []
		CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Port 1 or Port II of item 18 )	
	Hour o.m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form ctory, street, affice bldg., etc.	). 20f. (City or town)	(County) (State)
	21. I certify that Lattended the decease	offrom O death	accurred at	And from the course	Sthat I last saw the deceases and an the date stated above
,	ACTUAL SIGNATURE	1/02		ADDRESS (Street, city or to	
1	PHYSICIAN'S NAME (Type)	Vast			
	220. BURIAL, CREMATION, 22b. DATE THEREOK PEMOVAL (Specify) 7/2/59	22¢ NAME OF CEMETERY O	Cemetery	22d. LOCATION (City, fow Lonaco	
	23. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn	Lonaconing,	Ma"		GISTRAR'S SIGNATURE
1	-00180 -1101110111	2011000112116)	DATE	JUL 6 '59	Could by S. Hraus

may be retained the hospital or attending physician.

TO FULLERAL DIRECTOR: After this confiftable him been signed by the atoming physician and completely filled in by the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after depart. oth: Page 4 DING PHYSICIAN; The low requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR

VS A15 (4) 15M 10/57



VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6236 CERTIFICATE OF DEATH

06241

ļ.,,												
1	PLACE OF DEATH O. COUNTY ALLEGAN	Y	M	ARYLAND	2. USUAL RESIDE	ARYLA		lived. If ins b COU	NTY	EGANY	e admiss	ion)
	b CITY OR TOWN (If outside coi RURAL and give nearest town)	porote limits, write	c LENGTH OF ST	AY IN 1b	c. CITY OR T	OWN (IF or	utside corpora	ole limits, wr	ile RURAL o	nd give nea	rest town	}
	CUMBERLAND		9 DAYS		C	UMBER	LAND					
Γ	d. NAME MORSKALL "HOST	Bive street	address)		d STREET A	DORESS					e IS RES	IDENCE FARM?
L		AL & WARWI			623 E	LM ST	REET					NO 📉
3	NAME OF DECEASED	First	Mid	die	las	1	4. DATE OF		Month	Da	γ '	Yeor
	(Type or print)	PASQUAL			MALL	OZZI	DEATH	Jl	JNE	13		19 59
5		OR RACE 7 MARK	HED KINEVER MA		DATE OF BIRTH			P. AGE (In you	ears IF UNI	DER I YEAR	Hours	R 24 HRS. Min
	MA LE WHI	TE WIDOWI	DIVOR	CED 🔲	APRIL 4,	1896		63	yrs	us poss	HOURS	PATE
1	0o. USUA: OCCUPATION (Give kind during most of working life, even	d of work done 10b.	KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHPL	ACE (Stole	or foreign cou	intry)	12.	CITIZEN OF	WHATC	OUNTRY?
	Turn Table Op	erator	Railroad	d	ITA	LY (	Mondo	ra)		U.S.	Α.	
1:	3. FATHER'S NAME				14. MOTHER'S							
	VINCENT M	ALLOZZI			JOS	EPHIN	E PART	OZALLO	)			
	5. WAS DECEASED EVER IN U. S. A (Yes, no, or unknown)	RMED FORCES? 16.	SOCIAL SECURITY		IFORMANT				Address			
	no		05-09 <b>-</b> 99	909 M	EMORIAL	HOSPI	TAL		CUMBE	RLAND	, MAI	RYLAN
	18. CAUSE OF DEATH [Enler	/	ne for (o), (b), and	(c).]	4	1	1				RVAL BE	TWEEN DEATH/
	PART I. DEATH WAS CA	USED BY. E CAUSE (o)	leute L	Uhus	waytu	hel	1 Kem	11ic				in the
	2.43	DUE TO		7 8	0							
	Conditions, if any, which	(b)										
	gove rise to immediate couse (a), stating the under-	DUE TO										
	lying couse lost.	(c)		_								
EL ATION	PART II. OTHER SIGNIFIC	CANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	I GIVEN IN I	PART I(o) I	9 WAS A	AUTOPSY RMED?
IL A	5			ハルペ_							YES 📋	NO M
7507	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	ING [] 20b DESI OF DEATH KAMINER)	CRIBE HOW INJURY	OCCURRED	, (Enter noture o	f injury in P	ort i or Port	of item 1B	.)			
MEDICAL	20c TIME OF INJURY Month,	,	VJURY OCCURRED	20e PLA	CE OF INJURY (	Home, farm,	20f. (City	or town)		(County)		(Stote)
MAR	Hour o.m.	19 While of wor	k ol work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0.0g., c.c.	1					
	21. I certify that I after	nded the deceas	ed fram	ll co	1958	, ta	bere	, 19	Mithat I	l last saw	the d	eceased
	alive an June	19	, and th	at death	occurred at	2:00P	M. fram t	he causes	and an	the date	stated	abave
	C.M.	//	-	14.	,		ADDRESS (Sin			1		E SIGNED
	ACTUAL SIGNATURE	Use mer le	66. 26 E. T.	41) N	A.D. /33	Mes.	Ulue.			<u> </u>	7// 5	
	BUACICIANIC	VERTON HIM	MELWRI GHT		Cu	ubel	and	MA	/		/ "	,
2		TE THEREOF	22c NAME OF C	EMETERY OR	CREMATORY		22d. LOCAT	ON (City, to	wn, or coun	ly)	(Stot	e)
	Burial Ju	ne 17,19	59 St.	Mary	ts Ceme	etery	Cu	mber.	land.	Md.		
2	3 FUNERAL DIRECTOR'S SIGNATUL		ADDRESS			24a. REC'I	BY REGISTR		REGISTRAR'S	SIGNATUR	RE	
	James F. Scar	pelli, C	umberla:	nd, M	d.	DATEJU	N 1 7 '59	9	arthur	& Hour	4	



VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6237 **CERTIFICATE OF DEATH** L L

116242

1 PLACE OF DEATH a. COUNTY	LLEGANY		MARYLAND	a STATE		nere deceased live	ed. If institution b. COUNTY		_	on)	
b CITY OR TOWN (IF		ts. write	LENGTH OF STAY IN 18	- 11	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL and give nea	rest town)				CUMBERLAND						
d. NAME OF HOSPITA		uva etraat oddi	34 DAYS		ADDRESS	LAIRD			- IC DECE	DENICE	
MEMORIAL	HOSPITAL			7727		AND AVE			e. IS RESI		
	EMORIAL &	WARWLC	K AVES.	1 , 1 ] [	MARTL	AND AVE	•		YES 🗌	NOTIF	
3 NAME OF DECEASED	Fir		Middle		לנם.	4. DATE	Month		/	fear	
(Type or print)	JOH	N	Francis	s MAL	ONE	DEATH	JUN	E,	25 1	9 59	
5. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B DATE OF BI	тн			F UNDER 1 YE			
MALE	WHITE	WIDOWED [	<del>-</del>	FEB. 2			76 yrs.	Months Day	/s Haurs	Min	
10a USUAL OCCUPATION during most of working	N (Give kind of work a	done 10b KIN	D OF BUSINESS OR INI	DUSTRY 11. BIRTH	PLACE (Stote	or foreign count	ry)	12. CITIZEN	OF WHAT CO	OUNTRY?	
Retired st	ore help	er B.	. & O. Rwy	у .	MARYL			U.S	.A.		
13. FATHER'S NAME					S'S MAIDEN I	D.I					
WILLI	AM E. MALC	NE		M	ARGARE	T Rooma	n				
15. WAS DECEASED EVER			IAL SECURITY NO.	INFORMANT			Addre	5\$			
(Yes. no or unknown) (I	f yes, give war or doles of s	HLAHÓB)		MEMORIA	L HOSP	ITAL	CUM	IBERLAN	D, MARY	'LAND	
18. CAUSE OF DEAT	H [Enter only one co	use per-lipe fo	or (a), (b), and (a)		1	-0		11	NTERVAL BET	TWEEN	
PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (o	Cer	1dc	13 6	-7/1	ZU-			S ZZ		
1	DUE TO	/ }		V +	12		1-		11		
Conditions, if an		(1)	4 184	5-7-	10%	11			<u> </u>		
gove rise to im	mediate	- A		200			A. T. T.			- ·-	
cause (a), stating !	ne under- DUE TO	117	Carro -	- /2	1	70		,			
lying cause lost.	) (c	DIVIONIC CON	TRIBUTING TO DEATH B	T NOT DELATED	TO THE TENI	LIAI DICENCE CO	ONDITION GIVE	AL IAI DADE 1/-	10 MAC	V2ROTUA	
PART II. OTHI	ek significant con	DITIONS CON	IKIBUSING IO DESAIT I	IO: NO: KEDATED	TO THE SERON	INAL DISEASE CO	JINDITION GIVE	N IN PAIG 1(0	PERFO	RMED?	
	CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY OCCUR	RED. (Enter noture	of injury in	Part I or Part II o	of item 18.)				
20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	ar 20d. INJUI	RY OCCURRED 20e.	PLACE OF INJUR			lown)	(Coun	ity)	(State)	
Hour o.m.	_ 19	While	Not while	factory, street, of	rice bldg., etc	·) }	1				
21. I certify the	at Vattended: the		11/19	S/ 10	ło.	6/251	5910 4	hat I last s	451-		
	of Vollenbed the	s) 10	7.7		. 3:40	P. F.	,			1. 1	
alive on	12011	14, 123.	and that dec	oth occurred	4	ADDRESS (Street	causes and	/ /		/above. E SIGNED	
ACTUAL	6 / 4 /	11	last to		_ /	7 DUKESS KONDER	city or lowit, s	791	4/2	-/5	
SIGNATURE	VIII.		of the	- NCD.ZZ	7	- And A	1416	ary	1/2		
PHYSICIAN'S D	R. R. J. W	ILLIAM	S		er rege som ener ener ener ener ener ener	go allego gipro-mono allego alpeg anno mono mono mono signi				1	
22a. BURIAL, CREMATION REMOVAL (Specify)			C NAME OF CEMETERY				V (City, town, or		(Stote	e)	
Buriai	6/29/59			ck's Ce			rland,	Mary.			
23. FUNERAL DIRECTOR'S Charles	SIGNATURE George	Cum	berland.	Md	24a. REC'	D BY REGISTRAR	24b. REGIST	rar's signa	TURE		
Onalles	2. Ocorge	et in	DOLIGHU!	M.M.	DATIUN	2 9 '59	and	18 H			



VS A15 (4) 15M 9/58

161

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6238 **CERTIFICATE OF DEATH** 

	a. COUNTY ALLEGANY	MARYLAND	o. SMARYLAND		OUNTY ALLEGA						
	b. CITY OR TOWN (If autside corporate limits, writ	e c LENGTH OF STAY IN 16 2 DAYS	c CITY OR TOWN (IF CUMBERLAN	outside corporate limits.	write RURAL and giv	re nearest lown)					
	d. NAME OF HOSPITAL (If not in hospital, give strong institution WAR	ICK & MEMORIAL	818 WINDSOR RD.  e. IS RESIDENCE ON A FARM YES NO								
3.	NAME OF First DECEASED (Type or print) FRANK	Middle Arthur	MART I N	4. DATE OF DEATH	Month JUNE	Day Year 1 19 59					
5.	MALE MALTE	ARRIED X NEVER MARRIED DIVORCED DIVORCED	Sept. 1025 2	9. AGE (In last birt 52	years IF UNDER T	YEAR IF UNDER 24 HRS.					
10	a. USUAL OCCUPATION (Give kind of work done ) during most of working life, even if retired)			A A A		N OF WHAT COUNTRY?					
		Ladies clothi	ng Dayton,	Ohio	U.	S.A.					
1	MARTIN. BENJAMIN			BERTHA							
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no, or unknown) [ (If yes, give war or dofes of service)		NFORMANT	- (11)	Address	141714 445					
-			EMORIAL HOSPI	TAL CON	BERLAND,	MARYLAND					
	18 CAUSE OF DEATH [Enter only one couse pe PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Time toright of ond (c)	astoma			ONSAT AND DEATH					
	193.9 DUE TO					01001					
	Conditions, if ony, which gove rise to immediate OUT TO					that-					
	cause (a), stating the under:   DUE TO     lying cause last.   (c)										
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON G VEN IN PART	(o) 19. WAS AUTOPSY PERFORMED? YES NO					
		DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port Lor Port II of item	1B.)						
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20c Hour a.m. 19 of the control of the contro	£-	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(Co	unty) (State)					
	21. I certify that I attended the dece	ased from 5.36	21 19 \$9, ta	6-1-	19 That I last	saw the deceased					
	alive an 6 7 15	2, and that death	accurred a/1:00F			date stated above.					
	ACTUAL SIGNATURE	Illiama	M.D. Lum	ADDRESS (Street, city o	I'Ma.	6-1-59					
	PHYSICIAN'S DR. W.F.WILLIAN	15	4 4 90 90	No allegation and the state of							
22	Burial, Cremation, 22b. Date Thereof Burial (Specify) 6/4/59	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City.		(Stole)					
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGN						
	Charles L. George	Cumberland,	Md. DATEUR	N 4 '59	arihun S. to	hould					

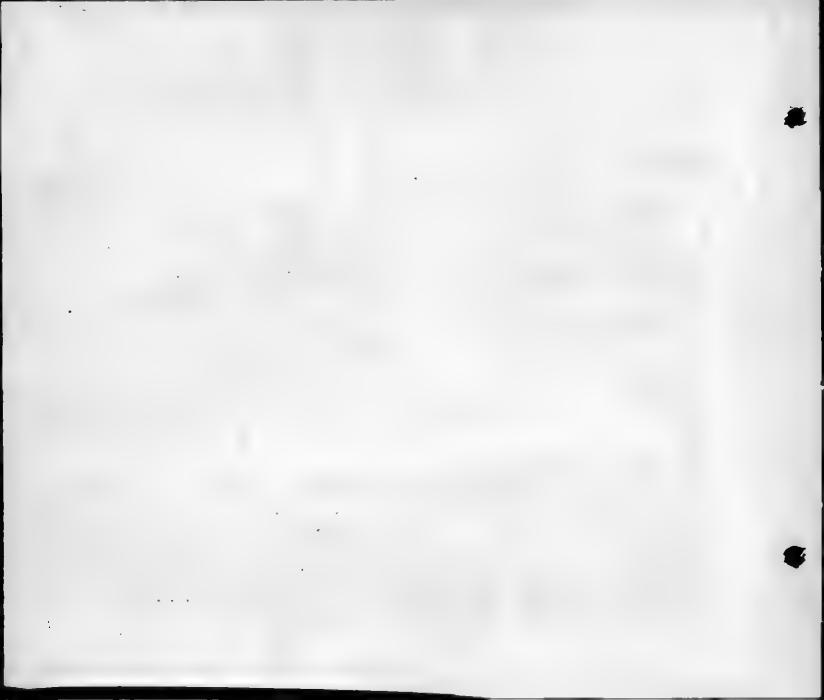


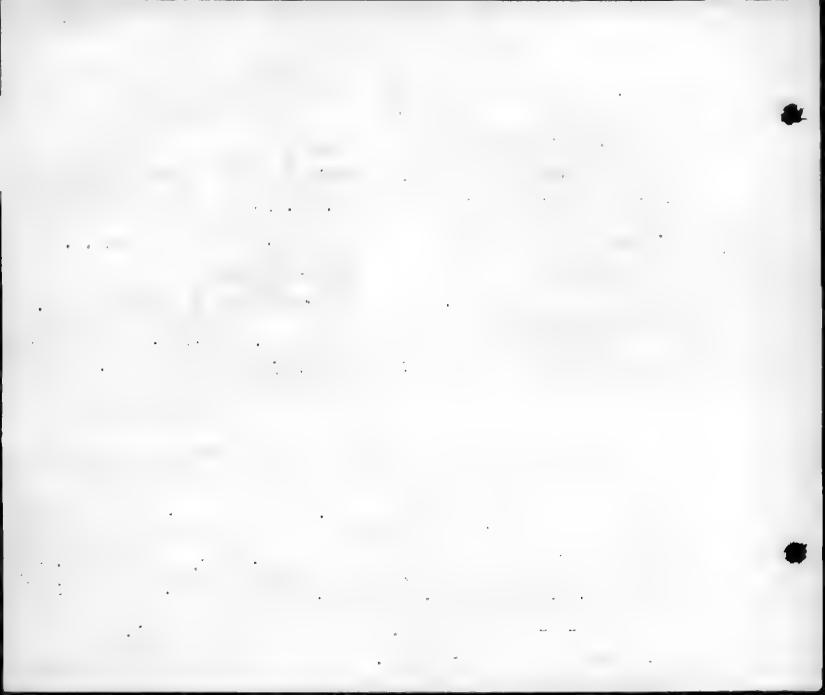
VS A1S (4) 1SM 9/S5 Х

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

6268 CERTIFICATE OF DEATH

3.	o, COUNTY					2. USUAL RES	DENCE (WI	ere deceased	lived If institut	ion: Residen	ce before	admissi	on)	
L	ALLEGANY MARYLAND				LAND	MARYLAND b. COUNTY ALLEGANY								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown)  WESTERNPORT			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and  45 WESTERN PORT						give nearest fown)		
	d. NAME OF HOSPITAL (If not in bospital give street ordinary)			d. STREET		4405014	1		I.	IS RESI	DENCE			
	453 SPAUCE ST.			359	रम व	PRUCE			1	o. IS RESIDENCE ON A FARM? YES NO Y				
3	NAME OF	Fire		Middle								123 []	NOL	
	DECEASED (Type or print)	MARY				io CARETITETA	_	4. DATE OF	Mor		Day		106	
5			7	G.		MAYBURY	-	DEATH	JU				959	
1	T7777 C 4 75 000			D NEVER MARRIE		B. DATE OF BIRT	Н		9. AGE (In yours last birthday)	IF UNDER			R 24 HRS Min.	
-		VHITE	WIDOWED			10V.25	1875		last birthdoy) 83 yrs.		odys	Hours	Min,	
110	o. USUAL OCCUPATION (Gi during most of working lif	ve kind of work d e, even if refired)	lone 10b. Ki	IND OF BUSINESS O	R INDUS	TRY 11, BIRTHP	LACE (State	or foreign co	untry)	12. CIT	IZEN OF	WHAT	COUNTRY	
L	clerk			othing si	tore	Ma	RYT.A	ND			II S	٨		
13	. FATHER'S NAME			-		14 MOTHER'S					LI all	+#1		
П	HENRY N	AVBURY				TOTAL	RANCE	מומע פ	YENBUHI	-				
15	WAS DECEASED EVER IN U			DCIAL SECURITY NO	17 IN	FORMANT	BUNCT	1 000	Y PJY DU TI	ress				
"	as' up at ournowell (it has' i	give war or dates of se	(Arce)		МТ	SS LEN	A MA	YBURY	453	pruc	e St			
F	18. CAUSE OF DEATH I	nter only one cou	no per line	for to) th) and to)			A MA	IDOUI	Wester	enpor		<u>1a</u>		
П	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY										ONSET	AL BET	WEEN DEATH	
	IMMEDIATE CAUSE (6) LIFONIE MY GECONICIS										5.	Mic 2	15	
П	Conditions, if ony, which) the Arterio Selevesis										-	14		
	Conditions, if ony, which gove rise to immediate (b) TYTEVIOSEIEVESIS										()	722	13	
	couse (o), staling the under-													
	tying cause lost. (c)													
Įδ	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY													
13	Sychosis - Sonile Dementia													
CERTIFICATION	20g ACCIDENT WAS INNDERVING TO 20th DESCRIPE NOW INVENTOR OF THE PROPERTY OF T													
	OR CONTRIBUTING DI CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJURY Mo	nth, Doy, Yea	20d INJ	URY OCCURRED	20e. PLA	CE OF INJURY	Home, form,	20f (City	or town)	IF	(yinuq		(State)	
18	Hour o.m.	19	While of work [	_ Not while	foct	ory, street, office	bldg , etc.)			,,,	· · · · · · · · · · · · · · · · · · ·		(3,0,0)	
	21. I certify that I attended the deceased from Jon 10, 1956, to June 14, 1959, that I last saw the deceased													
П	4.00	Tage III	. 19 <i>5</i> 5			17.3.95	, 10	1411X	-14-, 1%,	_,that I i	ast saw	the c	eceased	
	alive on	A x - 1 4	1237	and that	death	accurred at	NIGHT.	_M, fram	the causes o	ind an th	e date	stated	d above.	
	ACTUAL AC													
	SIGNATURE SCULET WOOM MD. III ASh Field St Piedment, W. Vo G-15-59													
	PHYSICIAN'S D. D.	LITTON	T > C							- 1				
		.WILSOI		).			PII	EDMON!	I. W.VA	·				
720	BURIAL, CREMATION, 22	b. DATE THEREOF		22c. NAME OF CEME		CREMATORY		22d LOCATH	ON (City, town, c	or county)		(Stote)		
L	REMOVING PAIN	JUNE 17	7/59	ST.PETE	RS	CEMETE			ERNPORT			,		
23	FUNEBAL DIRECTOR'S SIGN	ATURE &		ADDRESS			240 REC'D	BY REGISTR		TRAR'S SIG	NATURE			
6	NN-TRUEX	1 1/2 /11	PT	EDMONT,	w.v	Δ	DATE J	JN 1 6 '5	59 C	1. 7. 2	911.011	A		
=		10			41 g f.	44.0	27112			* 44		-		







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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/58

11/2

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6240

116248

**CERTIFICATE OF DEATH** Reg. Dist. No.

	PLACE OF DEATH  o. COUNTY  A LEGANY			MARY	(LAND	2. USUAL RESID	anylai	ere deceased nd	lived. If instituti b. COUNTY			re odmissi	on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland  Cumberland						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Corrigansville							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Carred Weart Tosistal					d. STREET ADDRESS  215 Decatur Street  e. IS RESIDENCE ON A FARM YES   NO [								
3. NAME OF DECEASED (Type or print)		Janet B		Middle		linster.		4. DATE Mo Ju			21	у `	(egr 9
S.	Female	6. COLOR OR RACE	7 MARR	IED MEVER MARRII		JULY 1			9. AGE (In years last backday) yrs.	Months	Doys	Hours Hours	R 24 HRS Min
100	during most of work House	N (Give kind of wark of ing life, even if retired) WLI C	lone 10b.	Own Hom	R INDUS	TRY 11. BIRTHPL	ACE (Stote of	or foreign co ginia	untry)		USA	WHATC	OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME			-		
	Ernes ! o	ngold				Irene	Mon	gole					
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	11	NFORMANT			Add	re\$\$	-		
,,,,	NO [	in yes, give wor or dolles or si	n vice)	None		Patien	it's c	hart					
18. CAUSE OF DEATH [Enter only one couse per line, for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOP PERFORMED?  YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										AUTOPSY RMED?			
MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m.	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Manth, Day, Yea	r 20d. IN	Not while	20e. PLA	CE OF INJURY () tory, street, office	Hame, form,	20f. (City		1	(County)		(Stote)
×	ACTUAL SIGNATURE PHYSICIAN'S	at attended the	195°	ed fram of and that	^	accurred of	6:554	M, fram t	eet city or town,	d an th state)	ast sav	the d	abave.
220	BUR A., CREMATION REMOVAL (Specify)	T. H. Tey J		D. 456 Mor	ETERY OF	R CREMATORY		22d LOCATI	ON (City town,	or county)		(Stote	=====
	Burial	6/24/19	59	Alto Re	st I	ark			oona. I				
23	Byron K:		umb e	rland, M	d.			BY REGISTR		STRAR'S SI	- 4 -		



22c NAME OF CEMETERY OR CREMATORY

ADDRESS

Cumberland, Md.

Hillcrest Burial Park

441 N. CENTRE ST. CUMBERLAND, MD.

Cumberland, Maryland

24b. REGISTRAR'S SIGNATURE

arthur & Kraya

22d. LOCATION (City, tawn, or county)

240, REC'D BY REGISTRAR

B NUL DATE

FUNERAL DIRECTOR: age 3 should be detoc page 0

the registrar VS A15 (4) 15M 10/57

PHYSICIAN'S

NAME (Type)

220. BURIAL CREMATION.

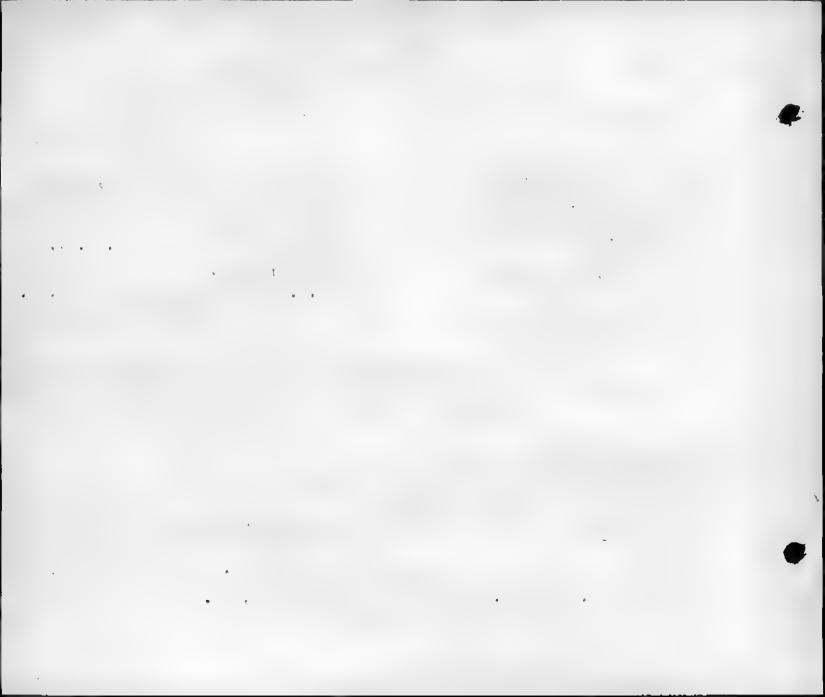
23. FUNERAL DIRECTOR'S SIGNATURE

Charles L. George

LAMES M.D.

22b. DATE THEREOF





and completely filled in by the funeral director, ban <u>papers</u>. Pages 1 and 2 shauld be filled with

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban the registrar prior to buriol, crematian, ar remaval, and in any event within 72 hours ofter a

VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6949 CERTIFICATE OF DEATH

		^	OAT	CERTIFI	CAI	C OF DEA	чп		Reg. Dist.	No. 1	
1,	COUNTY ALLE	GANY		MARYLAI		USUAL RESIDENCE O. STATE MARY	(Where decease 'LAND	d lived. If instituti b. COUNTY			sian)
	CUMBERLAN	outside corporate lim grest town)	its, write	c. LENGTH OF STAY IN 2 DAYS	ii ii	c. CITY OR TOWN	(If outside corpo	orate fimits, write R	RURAL ond give	e nearest taw	n)
	OR INSTITUTION  MEMOR I	AL (If not in hospital, AL HOSPITA		ddress)		d. STREET ADDRES	PENNSYL	VANIA AVE	ENUE		FARMS NO 1
1 1	NAME OF DECEASED Type or print)	Fil Jo	OHN	Middle R.	•	NELSON	4 DATE OF DEATH	Mor JUI		20	Yeor 19 <b>59</b>
5. 5	MALE.	6. COLOR OR RACE	7. MARRI WIDOWE	ED X NEVER MARRIED  DIVORCED		ATE OF BIRTH 2/23/1901		9. AGE (In years lost birthday)  yrs		CEAR IF UND	ER 24 HRS Min.
10a	USUAL OCCUPATIO during most of worki	ng life, even if retired	dane 10b. I	B. & O. R.F		11. BIRTHPLACE (S		ountry)		S.A.	OUNTRY?
13	FATHER'S NAME WILLIAM	NELSON			14	BRIDG	ET NELS	ON			
		IN U. S. ARMED FOR If yes, give war ar dates of	renvice)	20-10-362		ORIAL HOS	SPITAL -	CUMBERL	AND, MD	•	
NO	PART I, DEAT  332 X  Conditions, if an gove rise to in cause (a), stating the lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  Ty, which amediate he under-	o) o) o	e for (b), ond (c).]  Corel  Artler  Jaylan  ONTRIBUTING TO DEATH	zel Le BUT NOT	The solution of the total to the total to the total to the total to the total	none  ERMINAL DISEAS	bosses.		INTERVAL BI	
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	□ CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCC	JRRED. (E	nter noture of injur	y in Port I or Po	rt II of item 18 )			NO [
MEDICAL	20c. TIME OF INJURY Hour a m. p. m	Month, Day, Ye	ar 20d, IN While at work	Not while	e PLACE foctory	OF INJURY (Home, street, office bldg.	form, 20f. (City, etc.)	y or town)	{Cou	inty)	(State)
	21. I certify the alive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	of I attended the	decease 7, 19	and that de		2, 1958, to curred at <b>5</b> 56 236 Ma.	20A <sub>M</sub> , from	the causes ar	nd an the c	date state	deceased d abave. re signed
Ι.	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETE		emetery	22d. 10CA	nion (city, town, nberland	or county)	(Sto	te)
-	FUNERAL DIRECTOR'S			ADDRESS Cumberland		24a.	REC'D BY REGIS	18AR 24b. REG	ISTRAR'S SIGN		



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o cose	Page	les.	Tage !		į	ì	)	
, X.	7.	YOUR	0		1	2		1
/ is nec	erol d	ned for	te Boar	j.			11	•
y delay	the fun	e relai	he Sto	er deoth.				
16 91	pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral	moy b	and 2 with the State Board	, and in any event within 72 hours off		_		
e death	, 2, an	Page 5	ond 2	またる		I		
urs afte	oges 1	P.M.3.	onsit permit. File pages 1	TIM TO	-	_	_	
1.24 ho	Give	h form	File	my eve				
J within	E	ing and	permit.	nd fin c				
xecute	Il in Re	Fice of		ovol, o				
0	n pend	er's Q	burial-	of rem				
te shou	fing"	Examin	d os a	ofion,				
*XAMINER: This certificate should be executed within 24 hours after death. If any delay is new	"pend	id to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	R: Page 3 should be used as a burial-tr	int, prior to burial, cremation, or removal				
This C	e, writing the word "p	hief Me	thould!	burial				
MINER	ifing th	the Cl	oge 3 s	oriar la				
XA	TW.	d to	R .	int,				

execute the cert

4 should be forworded

10 FUNERAL DIRECTOR

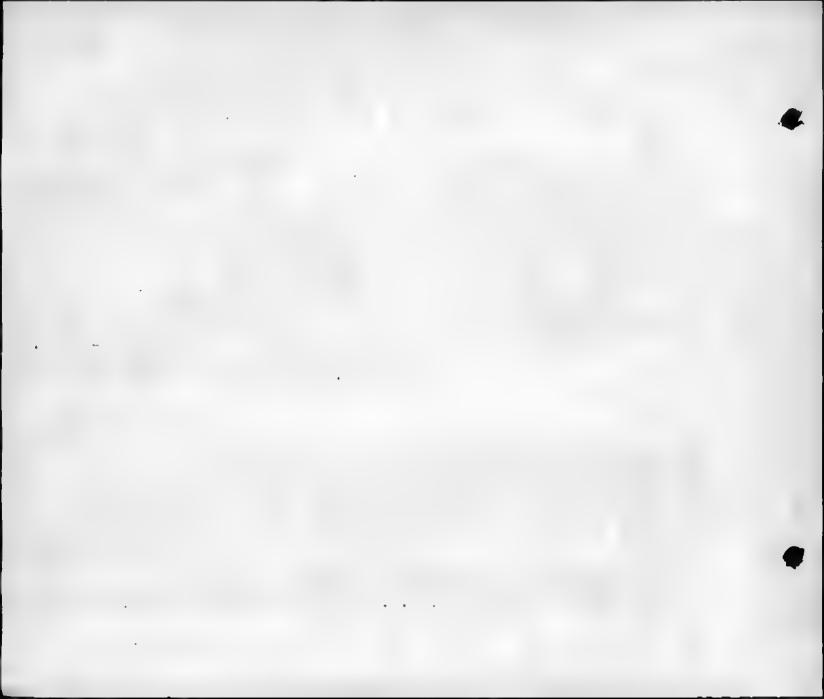
or its designated ogen

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VII.	ATIIME	
5M	2/57	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Dist. N	6	2	5	2
Reg.	Dist, 'N	o.	~	U	-

1 PLACE OF DEATH			2 USUAL PESIDENCE /	Where deceased lived. If institution	n Peridence before odmission)
e. COUNTY	logony	MARYLAND	o smarylar		egany
	Legany  l'outside corporate l'inits, write itutal		<del></del>	f outs'de corporate limits, write RU	
Cumberla	)	Lifetime	Cumberlar		and give vegetality
THE PERSON NAMED IN COLUMN 1	AL OR INSTITUTION (If not in		d STREET ADDRESS	14 1114 o / >	e IS RESIDENT
916 Gay 6			916 Gay	Street	ON A FARM? YES NO TO
3. NAME OF DECEASED	First	Middle	Losi	4. DATE Month	Doy Year
(Type or print)	Debra	Lee	Nixon	DEATH June	12 19 59
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 1 8	DATE OF BIRTH	Lond broad along	UNDER TYEAR IF UNDER 24 HRS
F	W wind	OWED OIVORCED	May 25, 195	I N	Ionths Days Hours Min
		Ob KIND OF BUSINESS OR INDUSTI		or foreign country)	12 CITIZEN OF WHAT COUNTRY?
None	ng life, even il retired)		Cumberla	nd Maryland	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		L
Earl	R. Nixon		Lavernia	Baker	
	ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 IN	IFORMANT	Address	NA MANIFES As As MANIFES
No	fit har fi se wet at motes or service)	None Ea	rl R. Nixo	n 916 Gay St.	Cumberland, Md
18 CAUSE OF DEA	TH (Enter only one couse per	line for (o), (b), and (c) ]	=	-	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Car	diac failu	re	1-2 Hrs.
who I	DUE TO				
Conditions, If a		Patent Du	ctus Arter	iosus ( Conge	nitel)
gove rise to imme	diate cause			1 00.00	
(a), stating the cause last.	(c)				
PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIVEN	
I Š					PERFORMED? YES KI NO
PART II. OTH	USE WAS TRIBUTING (	CRIBE HOW INJURY OCCURRED (E)	nter noture of injury in Por	t i or Part II of Hem 18.)	
ZOC. TIME OF INJU Hour o. m. p. m.	1	10d. INJURY OCCURRED 20e PLAC While Not while 11 work at work	E OF INJURY (Home, form ry, street, office bldg., etc.	n, 20f. (City or town)	(County) (State)
21. I certify th	nat I took charge of t	he remains described abar	re, held an Autops	y XI, Inspection XI,	Inquiry X and in my
opinion death	resulted fram: Natur	al causes A. Accident	, Suicide ,	Homicide . Undeterm	ined manner
		211			
ACTUAL	exeduct &	Citarelia -	M.D. CHIEF MEDICAL EX	XAMINER []	DATE SIGNED
			ASSISTANT MEDIC	AL EXAMINER	
EXAMINER'S PARTY PARTY	enedict Ski	tarelic. M.D.	DEPUTY MEDICAL	EXAMINER KI June	12, 1959
Transit (Type)	OTTO CTO D DATE			desp & part of	THE TOUR
220. BURIAL, CREMATIC	IN, 226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	27d LOCATION (City, town, or o	
	IN, 226 DATE THEREOF	22c. NAME OF CEMETERY OR		27d LOCATION (City, Jown, or o	county) (State)
22a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 226 DATE THEREOF  6-T3-59  'S SIGNATURE		ial Pafk	Cumberland .	county) (State)



VS A1S (4) 15M 9/58

-06253 Reg. Dist. No.

1	PLACE OF DEATH O COUNTY	ALLEGANY		MARYLA	ND	2 USUAL RESID	`	Where deceased	lived If institution b. COUNTY	on: Residence	e before a	lmission)
	B CITY OR TOWN (IF RURAL and give new CUMBERL	outside corporate limi prest town) AND	ts, write	E LENGTH OF STAY IN	16	c CITY OR T		CONING.	ote limits, write R	URAL and gi	ve nearest	town)
	d. NAME OF HOSPITA OR INSTITUT ON WARWICK	"WEMORTAL"	HOSP'I AVE	TATES VUES		d STREET A		URNACE	STREET		C	RESIDENCE ON A FARM? S NO
3.	NAME OF DECEASED (Type or print)	Fir AG	st NES	Middle T.		lasi PE	EL	4. DATE OF DEATH	Mon JUI		26.	Year 1950 -
	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	_	DATE OF BIRTH		104/6	9. AGE (In years last birthday)	IF UNDER	YEAR IF L	INDER 24 HRS
	FEMALE	WHITE	WIDOW	ED DIVORCED [		AUGUST	11,	/1678/	81 yrs.		/	
	during most of worki	ud NONE testired	done 10b.	KIND OF BUSINESS OR I	IN <b>D</b> US'	PEK	LN.	MARYLAN			• S•	A .
13.	FATHER'S NAME	****				14. MOTHER'S		INAME				
16	ARCHIE TH		CES2 14	SOCIAL SECURITY NO.	IN	ELLE	N		Add	ress		
(4:		Fyes, give war or dates of s		SOCIAL SECORITI NO.			HOSE	PITAL -	- CUMBERI		MD.	
MEDICAL CERTIFICATION	PART I. DEAT  Conditions, if on gove rise to in couse (o), stoling t lying couse lost.  PART II. OTHI  200 ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY )  20c. TIME OF INJURY Hour o. m., p. m.	H WAS CAUSED BY. IMMEDIATE CAUSE (o  DUE TO  y, which he under-  ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCC  NJURY OCCURRED Not while of work	URRED PLA foot	CE OF INJURY (I	Home, fa	n Port I or Port	II of item 18)	Rat I las	I(o) 19 W P! YE:	
27	SIGNATURE	DR. W. F.				A.D		The local	ON Charles have		-6.4	- (1 o C
	REMOVAL (Specify)  Rurial	6/28/19		Oak Hill		enetery		_	coning	MD.		(Stote)
23.	GEORGE E	SIGNATURE		ADDRESS ONACON ING,			24g, RE	C'D BY REGISTI	RAR 246. REGI	STRAR'S SIG		



06254 CERTIFICATE OF DEATH 6285 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived It institution Residence before admission)
a. STATE MARYLAND b. COUNTY ALLEGANY Allegany p. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL on Lonaconing Lonaconing d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMS Church Street Church Street YES TI NO NAME OF DECEASED Middle 4. DATE Harriet Picken OF DEATH June (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (in years last birthday)
Out yes. IF UNDER 1 YEAR IF UNDER 24 HRS Months Female White WIDOWED [ DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY )1. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Lonaconing, U.S.A. Maryland none 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Janet Gardner 16. SOCIAL SECURITY NO. 17. INFORMANT Marion Picken Lonaconing. none no 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY WIRS **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), staling the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING IS OR CONTRIBUTING IS CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slate) factory, street, office bldg., etc. Haur a.m. Nat while at work at work p. m. 22 1959 that I last saw the deceased 21. I certify that I attended the deceased from and that beath occurred at 2120M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) Leslie R. Miles, Jr., M.D. Lonaconing, Md.

220. BURIAL, CREMATION, 22b. DATE THEREOF BUILDING 6/25/5

Oak Hill Cemetery

Md.

22d. LOCATION (City, town, or county)
Lonaconing,

Md. (State)

George Eichhorn

Address Lonaconing.

24a. REC'D BY REGISTRAR DATEJUN 2 5 '59 246 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57



FOR STATE HEALTH DEPT. 1 TO DEPUTY MEDITOR XAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessarised because the certificate word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the found directly a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

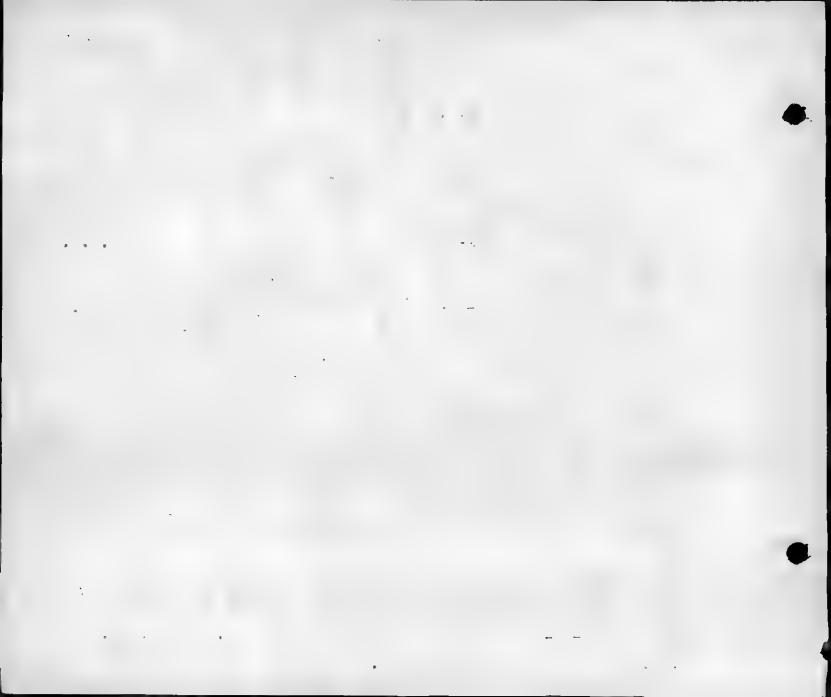
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. . 9.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist 0.6255

	PLACE OF DEATH 6. COUNTY	ALLEGANY	. 62	71 MARYLA	- 11	2. USUAL RESIDENCE  O STATE MAR	(Where dece		_	before admission) LEGANY
ī	FROSTE	oulside corporate limits, write	RUTAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	•	•	RURAL and give	nearest tawn)
,	NAME OF HOSPITA	HOSPITAL	*	to!, give street address)		A. STREET ADDRESS				e. S RESIDEN LE ON A FARM? YES NO 12
	NAME OF DECEASED (Type or print)	KARL		HOBSON	1	POLLOCK	4. DATE OF DEATE	Jus	ne z	7 1959
	SEX MALE	WHITE	WIDOWED			Tune 18	1898	9. AGE (in years tout birtheley)  OC yes.	Months Doys	
10c	USUAL OCCUPATION OF WORKING	IN (Give kind of work d life, even if retired) ON	SE.	ND OF BUSINESS OR IN	DUSTRY	MARY I	_	country)		S.A.
13.	FATHER'S NAME		*	+	1	4. MOTHER'S MAIDEN	NAME			
	JOHN P	OLLOCK				LILLI	AN B	LANK		
	. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of to	armi Add	001AL SECURITY NO. 1-09-4114		CORA PO	LLOC	Addres		MD.
	PART I. DEAT	TH [Enter only one coust H WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line fo	(10). (b), and (c).]	Ja	diac		Detate	0	NSET AND DE THE
	Conditions, if or gave rise to immed (a), stating the uncause last.	liote couse	7	nyoca	4	leal 7	ne	effec	oney	2 y ear
CATION			ITIONS COP	TREBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINACDISE	ase condition G	VEN IN PART 1(0	PERFORMED?
CERTIF	PRIMARY OF CONCAUSE OF DEATH.	ITRIBUTING [	DESCRIBE	HOW INJURY OCCURRI	ED. (Enh	er nature of injury in Pi	ort t ar Port	It of item 18 )		
MEDICAL	Hour o.m.	Y Month, Day, Yea	While	Not while at work	PLACE	OF INJURY (Home, for , street, office bldg., a	rm, 20f. (C	ity or town)	(County)	(State)
	21. 1 certify th	at I took charge	of the re	emoins described	obove	, held on Autop	sy 🔲,	Inspection 🔨	, Inquiry	ond in my
	opinion death	resulted from: N	totural co	ouses 🗵 Accide	ent 🔲	, Suicide ],	Homicia	le 🔲, Undet	ermined man	ner 🔲
	ACTUAL SIGNATURE_	00 m	14	ane		M.D. CHIEF MEDICAL			Time	DATE SIGNED
	EXAMINER'S NAME (Type)	WOM	CX	are 7	71	DEPUTY MEDICA		_	28.19	59
E	BURIAL	6-30-59		METHODIST		METERY	1	ATION (City, Nawn,	GE, MD	-
23	J. R. DU	S SIGNATURE	יכוים	ADDRESS DSTBURG. N	WD.	1	C'D BY REGI	1 .	ISTRAR'S SIGNAT	
	U . AL. DU	TIDIT	PE	ADIDUAG I	WD.	DATE	11. 1. 3	39 1 60	noull to live	AAM



VS. A1SME BM 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6286 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Them 9 Fillings 43 6-12-59 64

		0200	9 FilmG243.6	-12-59 et		Reg. Dist. No.
	1 P	LACE OF DEATH	at a manager of amountained	2 USUAL RESIDENCE	(Where deceased lived If instit	ution: Residence before admission)
	a	COUNTY alley any	MARYLAND	o. STATE	any land COUNT	" allegany
	Ь	CITY OR TOWN (15 outside comercia itempere RURAS	c. LENGTH OF STAY IN 16	CITY OF TOWN	If awside corporate limits, write	RURAL and a ve nearest town)
1	1	umberta.		Mucal	Bowmano	addition.
Ž	ď.	NAME OF HOSPITAL OR INSTITUTION (If not in hospit	rgl, give street address)	d STREET ADDRESS	GAAD	4 # e. IS RESIDENCE ON A FARM?
		Dowman a additi	in 17.3	130wma	~ a ldd. Ki	YES NO
		HARAGERY First	Middle	Lost	4. DATE Mon	th Doy Year
		Type or print Harry	5	Pryoz.	DEATH YOUN	e 7 1959
	5. 5!	6. COLOR OR RACE . MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9 AGE/In years lost birthday)	IF UNDER TYEAR IF UNDER 24 HPS
		gole thele WIDOWED	DIVORCED D	KY. 17 186	5 /1473ym	Months Days Hours Min
		USUAL OCCUPATION (Give kind of work done 10b, KIN	ID OF BUSINESS OF INDUST	RY 11. BIRTHPLACE (Sto	to or foreign country!	12 CITIZEN OF WHAT COUNTRY?
	/		aronon F.K.	Hanco	ch Ma.	4. S. H.
	13.	FATHER STNAME		14. NOTHER'S MAIDEN	NAME D	In
		alexander Pryor		Mary	Z fall	
	15. 1701	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC Les. of uniform) 1 (If yes, give wer or dates of sproce)	OCIAL SECURITY NO 17 IN	FORMANI /	Address	L las
		10 -	1000	now po	ace, (	und. 17 0
		18. CAUSE OF DEATH [Enter only one cause per line fo	(o), (b), and (c) ]	0 1	, -	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ORONARY	1 Clect	U.SIO71	Sudden
	П	420. DUE TO	8	C 1	1	
		Conditions, if any, which agove rise to immediate couse	OroMARY	1 ocler	0515	
		(o), stoling the underlying DUE TO	,			
	,,	course lost. (c)	PROPERTY OF A PERTY OF A	OT DELLYED TO THE PED	MALAL OFFICE COMPTIONS OF	LUTA DA HARTALATAR MARCA AN TORON
1	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CON	HRIBUTING TO DEATH BUT N	O RELAIED TO THE TER	MINALDISEASE CONDITION G	PERFORMED?
		20g. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW MANDY OCCUPPED 15	also set as a financial B	41 - 6 - 41 - 53 - 343	AEZ NO Z
	CERTIF	PRIMARY   OF CONTRIBUTING	HOW INJURY OCCURRED (E	nier novera or injury in r	art t of Part ti at Hem 18.	
			JURY OCCURRED 20e FLAG	TE OF INJURY Home for	rm (20) (City or town)	(County) (State)
	MEDICAL	Hour o, m. White	Not white facto	ry, street, office bldg., e	(c.)	(2001)
	3	p. m. 17 of work  21. 1 certify that I took charge of the re	mains described abo	va hald an Autor	i viv 🗔 Laurandian 🔯	
					- Land	
		opinion death resulted from: Notural ca	iuses [X], Accideni [		Homicide [ ], Undet	ermined monner
		ACTUAL BOUND + F		CHIEF MEDICAL	EXAMINER []	DATE SIGNED
		SIGNATURE LEAVE (EX STAIR	TILLY.	_M.U	CAL EXAMINER	
,		EXAMINER'S Benedict Sk	TARELICA			07 1959
	270	BURIAL, CREMATION, 226 DAJE THEREOF [2	24 MAME OF CEMETERY OR		22d. LOCATION/(City, town,	or county) (State)
	1	18 MOVAL (Specify) 6/9/59	(hunty (	am.	Cumbra	rence Max
	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAN'S SIGNATURE
		Anna 1701- 1.	· / Pres for	IMA	JUN 9 '59 C	Inthur S. Flours



VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMO	DRE, 18
6245	CERTIFICATE OF DEATH	06257
	2. USUAL RESIDENCE (Where deceased lived.	

	. COUNTY			MAR	YLAND	o. STATE	Vhere decease		TY		admissio	n)
ı	b. CITY OR TOWN (If out	ide corporate limit	s, write c.	LENGTH OF STA	Y IN 1b		outside corpo	prote limits, write			est lown)	
		•		12 HOURS	3	02 CUMBERLAI	ND					
•	OR INSTITUTION  MEMORIAL H	SPITAL	emor 14	(E) & WARW	/ICK	1 d. STREET ADDRESS	INGTON	ST.		е	IS RESID ON A F YES	FARM?
3. 1	NAME OF	Firs	šŤ	Middl	e	Lost	4. DATE	М	ionth	Doy	Ye	ear
		CHAR	LES	D.	)	RANDOLPH		JU	INE	6	19	9 59
5 5	MALE 6			<b>T</b>			893	lost birthdoy	) Months	· · · · · · · · · · · · · · · · · · ·		Min
10a	. USUAL OCCUPATION (C	Five kind of work dife, even if retired)	lone 10b KIN	D OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stot		country)				UNTRY?
_		er	Fed	eral Go	vern	10 110				U.5.A	4	
13.						14. MOTHER'S MAIDEN	NAME					
	WILLIAM	RANDOLPH				Sara	?					
				CIAL SECURITY N	O. II	NFORMANT		A	ddress			
	No		414	01 698	2 4	MEMORIAL HOS	SPITAL	CUMBER	LAND,	MARY	LAND	
	PART I, DEATH V	AS CAUSED BY.	Condi	for (o). (b), and (c)	nt	failing ord	'Com	noral a	nes			
	gove rise to imme couse (o), stoting the	diate ( DUE TO	Hyp	serlors	00	and around	Para	why H	langu	7	30	10,-
7												
CATIO	PART II OTHER S	IGNIFICANI CON	OITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER/	MINA, DISEA	SE CONDITION (	SIVEN IN PA		PERFOR	MED?
MEDICAL	20c TIME OF INJURY A Hour o. m p. m	Nonth, Day, Yea	While	Not while				y or lown)		(County)		(Stole)
	21. I certify that I	attended the	deceased	from 30	mi	1 1954, to	676	195	_,fhat I	last saw	the de	ceased
	alive an	use	, 19_5^	I , and tha	it death	accurred at 7.:20	A.M., fram	the causes of	and an t	he date	stated DATE	abave.
	ACTUAL SIGNATURE	alpen	NA	n din	بحر	M.D. 1725	· Can	to &	7	6 \$	ano.	59
	SIGNATURE V						4 14			U		
	PHYSICIAN'S NAME (Type) DR	W. A. VA	N ORME	IR .	<u> </u>	Cuml	belir	d,n	rd.	0		
220	PHYSICIAN'S NAME (Type) DR	226. DATE THEREO	F 2	2c. NAME OF CEA		R CREMATORY	22d. LOCA	ITION (City, town	or county	)	(Slate)	
_ 1	PHYSICIAN'S NAME (Type) DR	иле тнегео June 9,	F 2	2c. NAME OF CEA		Cemetery		imore,	n, or county  Md  GISTRAR'S			
	3.   5 5 10a De 13.	TOTAL OF THE PART IN THE PART IN CONTRIBUTING TO STATE IN THE PART IN CONTRIBUTING TO STATE IN THE PART IN CONTRIBUTING TO STATE IN CONTRIBUTION T	b. COUNTY ALLEGANY b. CITY OR TOWN (If outside corporate limit RURAL and give neorest lown)  CUMBERIAND d. NAME OF DOPTIAL (If not in hospital, good institution) MEMORIAL HOSPITAL  3. NAME OF DECEASED (Type or print)  5 SEX 6 COLOR OR RACE WHITE  10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if refired)  Design Engineer  13. FATHER'S NAME  WILLIAM RANDOLPH  15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no, or unknown)  NO  18. CAUSE OF DEATH [Enter only one color of the colo	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown)  c.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown)  CUMPER AND 12 HOURS  d. NAME OF DOSPITAL HE not in hospital, pire NOR 14 Fest AVES.  3. NAME OF DECEASED (Type or print)  S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARK MALE WHITE WIDOWED DIVORCE during most of working life, even if retired)  Design Engineer  13. FATHER'S NAME  WILLIAM RANDOLPH  15. WAS DECEASED EVER IN U. S. ARMED FORCES? IS. SOCIAL SECURITY N (Yes, no, or unknown)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY. Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DECEMBED TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of	ALEGANY  b. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest lown)  CLIMBED AND  d. NAME OF COSPITAL (if not in hospital), REMOR 194 PESS) & WARWICK AVES.  3. NAME OF DECEASED (Type or print)  5 SEX  6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED D	D. COUNTY  ALLEGANY  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  LIZ HOURS  d. NAME OF TOO PHAL (If not in hospital), PIEMOR PARTICK  AVES.  J. STREET ADDRESS  J. ST	O. COUNTY  ALLEGANY  D. CITY OR TOWN (If outside corporate limits, write RIVAL and give neorest lown)  12 HOURS  12 HOURS  13 HOURS  14 DATE OF NOWN (If outside corporate limits, write RIVAL and give neorest lown)  15 HOURS  16 CUMBERLAND  17 HOURS  18 HOURS  19 JAME OF DOWN (If not in hospital, RICHOR TOWN)  20 LOWER LAND  10 LOSH A COUNTY A (If not in hospital, RICHOR TOWN)  31 NAME OF DECEASED (Type or print)  5 SEX  16 COLOR OR RACE TO MARRIED NEVER MARRIED TOWN (Give kind of work done during most of working life, even if refired)  10 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign of during most of working life, even if refired)  11 FATHER'S NAME  12 HOURS  14 DATE OF BIRTH  13 HOTHER'S NAME  14 DATE OF BIRTH  14 HOTHER'S MAIDEN NAME  15 WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. WINDOWN)  16 HOW WINDOWN (IF OUT A COUNTY OF A CO	D. COUNTY ALLEGANY  ALLEGANY  D. CITY OR TOWN (if outside corporate limits, write RARYLAND  D. CITY OR TOWN (if outside corporate limits, write RARYLAND  D. CLAMBERLAND  12 HOURS  CLAMBERLAND  13 HOURS  CLAMBERLAND  14 STREET ADDRESS  15 SEX  D. RANDOLPH  DEATH  MEMORIAL HOSPITAL  MIDDIES  D. RANDOLPH  DIVORCED  DIVORCED  FEB. 7, 1893  AGE (in yee loof of working life, even if refured)  DIVORCED  DISTRIPHACE (Stote or foreign country)  DESTIN BANE  WILLIAM RANDOLPH  13. FATHER'S NAME  WILLIAM RANDOLPH  14. MOTHER'S MAIDEN NAME  SET 3  15. WAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO.  (If you, you was or date of service)  NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  (IMMEDIATE CAUSE of DEATH  IMMEDIATE CAUSE OF DEATH  IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINA. DISEASE CONDITION OF Working life in made:  (If you you was on the part of the par	O. COUNTY  ALLEGANY  D. CITY OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CITY OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. CLIV OR TOWN (If outside corporate limits, write RURAL on give neorest lown)  D. ANDE OF BRITH   - COUNTY ALLEGANY - ALLEGANY - CITY OR TOWN If outside corporate limits, write a clenation of stay in 1b - CITY OR TOWN If outside corporate limits, write RURAL and give near RURAL and give nears to	S. COUNTY ALLEGANY  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) C. CIMBERLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) C. CIMBERLAND  C. C	



VS. A15ME 5M 2/57

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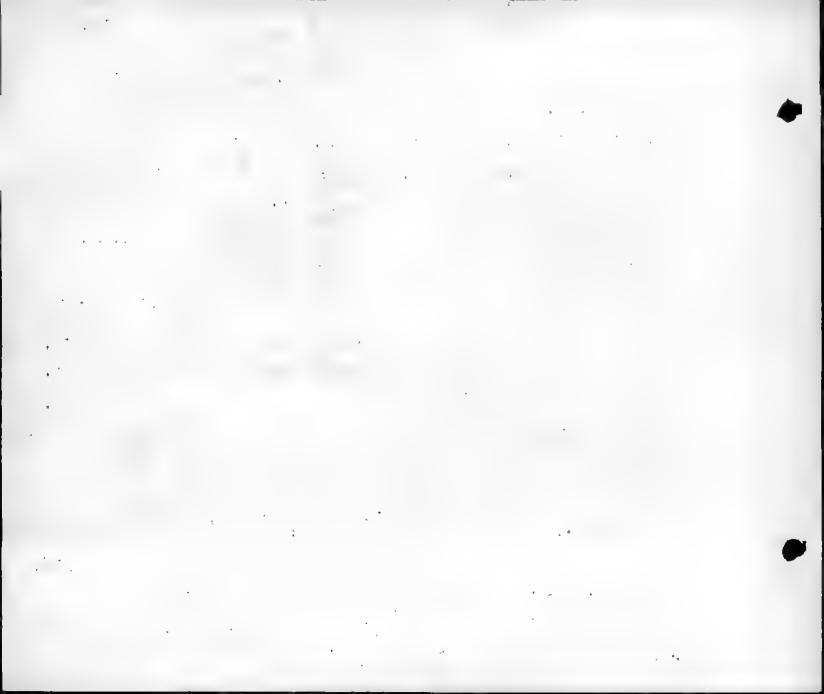
	Reg. Dist. 10	·
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased I ved If institution: Residence be	
Allegany	o STATE Maryland b. COUNTY Alleg	any
b CITY OR TOWN I if autitide corporate limits, write RURA. C LENGTH OF STAY IN 1b and give negretal town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
Cumberland DOA	Cumberland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e. IS RESIDEN LE
Memorial Hospital	526 Necessity Street	YES NO
3. NAME OF First Middle OFCEASED (Type or print) Nellie Cecelia R	tennie Lost 4 DATE Month Doy	Yeor 19 59
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED		IF UNDER 24 HRS
Female White WIDOWED DIVORCED	August 23,1888   lost birthday)   Months   Days	Hours Min
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS		F WHAT COUNTRY
Housewife Own Home	Borden Shaft, Maryland USA	
13, FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
John F. Thomas	Mary Davis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	INFORMANT 526 Necessity St	reet
(ff yes, give was or dates of service)  no  (ff yes, give was or dates of service)	avid E. Rennie Cumberland, Mary	
18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).]	LINI	BYAL BETWEEN
PART I, DEATH WAS CAUSED BY: Coronary ecc.	lusion	Sudden
IMMEDIATE CAUSE (o)		
Conditions, if ony, which) (b) Coronary s	clarosis	
gove rise to immediate cause	CICIOSIO	
(a), staling the underlying DUE TO		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	IN WAS AUTOREY
Diabetes	THE PERMITTED TO THE PERMITTED DISEASE CONDITION OFFER BY FART (6)	PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Diabetes  200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of Item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
Hour o. m. While Not while for	clory, street, office bldg , elc.)	(4.4.4)
21   certify that I took charge of the remains described ob	ave hald an Autony 🗍 Jamestine 🕅 James	
opinion death resulted from. Natural causes X, Accident	, Suicide, Homicide, Undetermined monn	er [_]
SIGNATURE Benedict Sketarelie	Cines inspired and an annual P	DATE SIGNED
SIGNATURE I SINCELLE PRINCIPLE	M.D. CHIEF MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Benedict Skitarelic M.D.	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(Stote)
	morial Park Frostburg, Maryland	(argis)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATU	RE
John J. Hafer, Cumberland, Maryland	- 14	
A COURT OF HOTEL & COMPET TOTAL STATE	DATE JIN 1 2 '59 Orthur S. That	(/B



VS A15 (4) 15M 9/5B

MARY	TÄŅD	STATE	<b>DEPARTM</b>	ENT OF	HEALTH	BALTIMORE,	18
, (	247		EDTIFIC /	TE OF	DEATH		

								Keg. Dist.	No.	
PLACE OF DEATH					. USUAL RESIDENCE (W)	sere deceosed	lived. If institution	n Residence	before odm	issian)
ALLEG	ANY		MARYL	AND	MARYLA	ND	B. COUNTY	ALLEGA	NY	
<ul> <li>b. CITY OR TOWN (If auth RURAL and give neares)</li> </ul>		ts write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o		ote limits, write RL	JRAL and give	e nearest fa	wn)
GUMBERLAND	. MD.		II DAYS		< OLDTO	/N				
d NAME OF HOSPITAL (II OR INSTITUTION MEMORIAL HO			ddr#VES.	ICK	A. STREET ADDRESS	ox 189			ON	ESIDENCE A FARM?
3. NAME OF	Fin	st	Middle		Last	4. DATE	Mont	h	Doy	Year
(Type or print)	MAI	RTHA	Т.		ROBERTSON	DEATH	JUN	E	24	1959
5. SEX 6. (	COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D   B.	DATE OF BIRTH	1	9. AGE (In years	IF UNDER 1	YEAR IF UN	6- v
FEMALE	WHITE	WIDOWED			FEB. 23, 191	8	9. AGE (In years   lest birthdoy) 4 yrs.	Manths Do	oys Hour	s Min,
100. USUAL OPCUPATION (C	ive kind af wark o	dane 10b. K	IND OF BUSINESS OF					12.CITIZE	N OF WHAT	COUNTRY
during most of working					FROSTBL	JRG MA	RYLAND	U.S	3.A.	
13. FATHER'S NAME	/// ==				14. MOTHER'S MAIDEN N			1 000		
CLEM REC	KLEY				FLOSSIE	HOUSE				
15. WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16. SI	OCIAL SECURITY NO.	INFO	DRMANT		Addr	ess		
(Yss, no. or upknown) (If yes,	give war or dates of u	ervice)		MEI	MORIAL HOSPI	TAI	CLIME	ERLAND	MAR	YLAND
18. CAUSE OF DEATH	Enter only one co	use per line	for (a), (b), and (c),1	11161	NOTTAL HOU	1715	GOFIL	LITEATIVE	INTERVAL	
PART I, DEATH V	AS CAUSED BY.				. (3)				ONSET AN	ID DEATH
15/V	EDIATE CAUSE (o	Ua	re Thoma	OI_T	he Stomacl	1		-	_3 m	10.
		Ab	dominal	Care	inomatosis				0	
Canditians, if any, s gave rise to imme	diate (			0410	TITORIG OOSTS	•			2 m	0.
cause (a), stating the <u>u</u> lying cause last.	stating the under-									
			INTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIVE	EN IN PART I	(a) 19 WAS	S AUTOPS
Duodena Duodena	l ulcer	3							YES [	
200. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION	AUSE OF DEATH	20b. DESCR	none	CURRED. (	Enter noture of injury in	Part I or Part	II of item 18.)	N	-	u
3 20c TIME OF INJURY M	lanth Day, Yea	r 20d. INJ			OF INJURY (Hame, form		or tawn)	(Cos	unity)	(State
20c. TIME OF INJURY M Hour o.m. p. m.	19	While of work	Nat while	ractor	y, street, affice bldg., etc	1				
21. I certify that I	attended the			20.	10 50 to Tu	ne 24	1050	had I lank		4
alive an June	24.	10 .	59 and that	dodlk a	ccurred at 7:20f	OLIGINATION OF THE PARTY OF THE	La anni I XVIII I	ngi i igsi	saw me	gecease
	5. /2	1 7-	<u>ee</u> , and mar (	deam d			ne causes and eet, city ar town, s			ea abay Ate signe
ACTUAL SIGNATURE	ent.	Nac	lenan n	M.C	140 Bedf					5/59
PHYSICIAN'S DR .	HALLINA	N			Cumberl	and,	Marylar	ıd		
220 BURIAL, CREMATION 2	6 /27	159	DAKIST	ERY OR C			ON GH, town, a		10 (51	2/0
23. FONERAL DIRECTOR'S SIG	NATURE	11	ADDASSO A K	ilei	/	BY REGISTE	AR 24b REGIS	TRAR'S SIGN	ATURE	101
Parks Jun	coul 17	me!	1910	anh	LU CA DATHIN			un & Kan		



VS A15 (4) 15M 9/58

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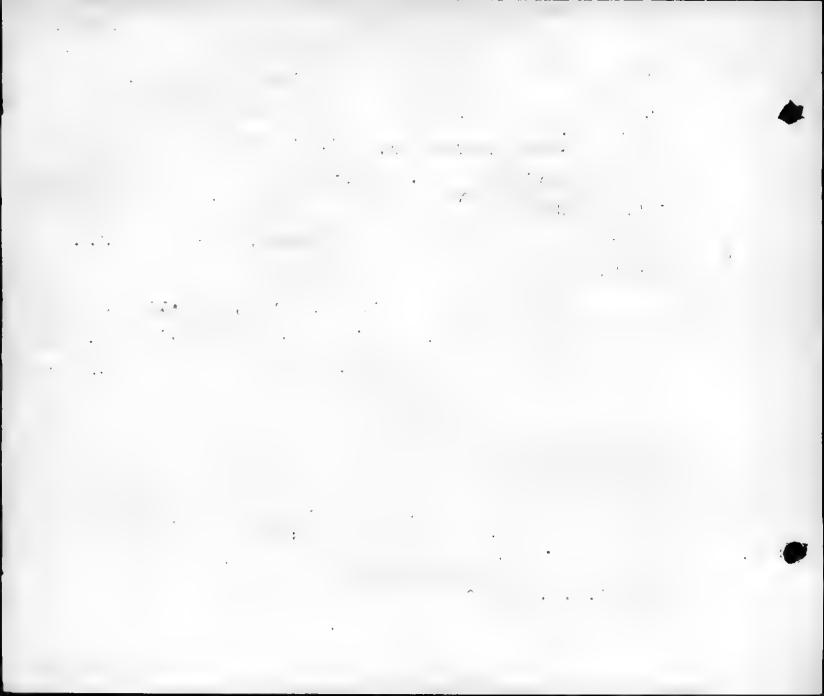
MARYLAND STAT	TE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
6248	CERTIFICATE	OF DEATH	R

### **CERTIFICATE OF DEATH**

06260

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY				USUAL RESIDENCE (Where deceased lived If institution Residence before admission)     STATE     COUNTY						
ALLEGANY	•		MARYLAND		ARYLAI	ND	b. COUNTY	ALLEGAN	ΙΥ	
b. CITY OR TOWN (II RURAL and give no	outside corporate limi	ls, writa	c LENGTH OF STAY IN 16	c CITY OR	TOWN (If o	outside corpo	prote limits, write R	URAL and give	nearest tov	vn)
			28 DAYS	$\mathcal{J} \approx 0$	UMBERI	LAND				
d. NAME OF HOSPIT	NO. AL (If not in hospital, g . HOSPITAL	jive street	roddress)	d. STREET	ADDRESS				e IS RE	SIDENCE A FARM?
MENORTAL	MEMOR!	<u>s_1</u>	WARWICK AVEC.	815	CALVII	N STRE	ET			NO X
3. NAME OF DECEASED	Fir		Middle	Lo	osl	4. DATE OF	Mon	rth	Day	Year
(Type or print)	RUT	H	Α.	ROBER	TSON	DEATH	JUI	NE	6	19 59
5. SEX	4. COLOR OR RACE	7 MAR	RIED MEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In years Last birthday)	Months Do		_
FEMALE	WHITE	WIDOW	/ED DIVORCED	MAY 3	I904		55 yrs	Months Do	iys Hours	Min.
10a USUAL OCCUPATIO	N (Give kind of work- ing life, even if relired	done 10b	. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHI	PLACE (Stole	or foreign c	ountry)	12 CITIZEI	OF WHAT	COUNTRY?
Housewi	•			CUM	BERLAN	ND. MA	RYLAND	U.	S.A.	
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	NAME				
JEROME HU	MBERTSON			ELVA	PORTE	ER				
15. WAS DECEASED EVEL	IN U. S. ARMED FOR		. SOCIAL SECURITY NO.	INFORMANT			Add	ress		
No		·   _	None	MEMORIAL	HOSP	ITAL.	CUMB	ERLAND.	MARY	LAND_
18. CAUSE OF DEA	TH [Enter only one co		The for (a) (b) and (c).1	1	9	0	- *		INTERVAL E	
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	14	rerial	scles	elic	- Jan	rdea		Dec	CAP A
422.1	DUE TO			Α .					1	
Conditions, if or		1	bas	- bul	1d		rdia	,	Nov	.57
gave rise to in cause (a), stating t										
lying couse last.	)(c	)								
PART IF OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED T	O THE TERM	INAL D SEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY ORMED?
3										NO
PART II OTH  20a. ACCIDENT WA OR CONTRIBUTING UIF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	SCRIBE HOW INJURY OCCURR	ED (Enter noture	of injury in I	Port Lar Par	rt II of item 18.)			
3 20c. TIME OF INJUR	Month, Doy Ye	or 20d.		LACE OF INJURY			y or town)	(Cou	nly)	(Stote)
20c. TIME OF INJURY Hour o. m	19	While of wo	e Notwhile f irk □ otwork □	oclory, street, offi	ce bldg., etc	-)				
	at I attended the		77 7	1-195	5 - 1	(	( 5°	2	1	
alive on	ar I dirended the		29, and that deat		,	Nu 6 -	/	that I last		
dive on		, 17 <u>C</u>	, and that dear	n occurred d			tne causes an treet, city of town.			ta abave ATE SIGNED
ACTUAL	01.17 K	1)	Mining		V Filmonia	1000	0V/	118	65to	-00
SIGNATURE		1/4/		M.D	are the		and v			The sale of
PHYSICIAN'S NAME (Type) D	R. W. F. W		AMS							
220 BURIAL CREMATION	6-9-59	)F	Greenmoun				tion (city fown, perland)		and (514	ote)
23. FUNERAL DIRECTOR	SIGNATURE	321	ADDRESS	1/4	24a. REC'	D BY REGIS	TRAR 24b REGI	STRAR'S SIGN	ATURE	
James	F. Scarpe	STTJ	Cumberland	, IVICL ,	DATE JU	JN 1 0 '5	59 (	thun 9 f	_	
					1		1 0,000	7	dentile to	



VS A15 (4) 15M 10/S7

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6249

**CERTIFICATE OF DEATH** 

06261 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (W			ce before odmission) Legany				
	b. CITY OR TOWN (If outside carporate limits, wing RURA) and give nearest town).  Cumborland	11e c. LENGTH OF STAY IN 16 9/27/58	E. CITY OR TOWN (IF	autside corporate lin	nits, write RURAL and o	give nearest town)				
	d NAME OF HOSPITAL (IF not in haspital, give st Allegany County In	·	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES X NO				
	3. NAME OF First DECEASED (Type or print) Lacy	Williams	Ross:	4. DATE OF DEATH	June	20 19 59				
	Male White win	OWED TO DIVORCED	12/13/57	los!	birthday) OI yrs   IF UNDER	1 YEAR IF UNDER 24 HRS Doys Hours Min.				
\	10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)  Retired Farmer	106. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stole Maryler	_		J.S.A.				
/	13. FATHER'S NAME Salem Ross;		14. MOTHER'S MAIDEN	Ellen D	Ve					
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 M	NFORMANT D			perland.Md.				
	[Yes, no. or unknown) (If yes, give wor or dotes of service)				Infirmar					
	18. CAUSE OF DEATH [Enter only one couse p PART I DEATH WAS CAUSED BY: [MMEDIATE CAUSE (6)] DUE TO		isdeal &	egeuera	tion.	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to immediate cause (o), stating the under lying cause last.  Out TO Chronic Telshritis										
	UF EITHER, NOTIFY MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in	Part I or Part II of i	tem 18 )	11-22-22-22				
	Hour o.m.	Od. INJURY OCCURRED 20e. PLA  (hite Nat white fact wark at work	CE OF INJURY (Home, fam lary, street, affice bldg., etc	n, 20f. (City or tow	rn) (C	County) (State)				
	21. I certify that I attended the decative an 6/20/59 1  ACTUAL SIGNATURE ACCUSED.	eased from 9/27/ 2 and that death	accurred at 9:00	ADDRESS (Street, ci	causes and an the	ost saw the deceased ne dote stated above DATE SIGNED 6/20/59				
	PHYSICIAM'S Dr. James E.	McLean	Cumber	rland, M	aryland.					
	220. BURIAL, CREMATION, 22b. DATE/THEREOF/ REMOVAL (Specify)	22c NAME OF CEMETERY OF	CREMATORY	DEW MAS	ity town, or country)	(Stote)				
	23. FUNERAL DIRECTOR'S SIGNATURE	cition text.	-71.1	D BY REGISTRAR	246. REGISTRAR'S SIG	4				



Reg. Dist. No.

2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
o. STATE
D. COUNTY

6250

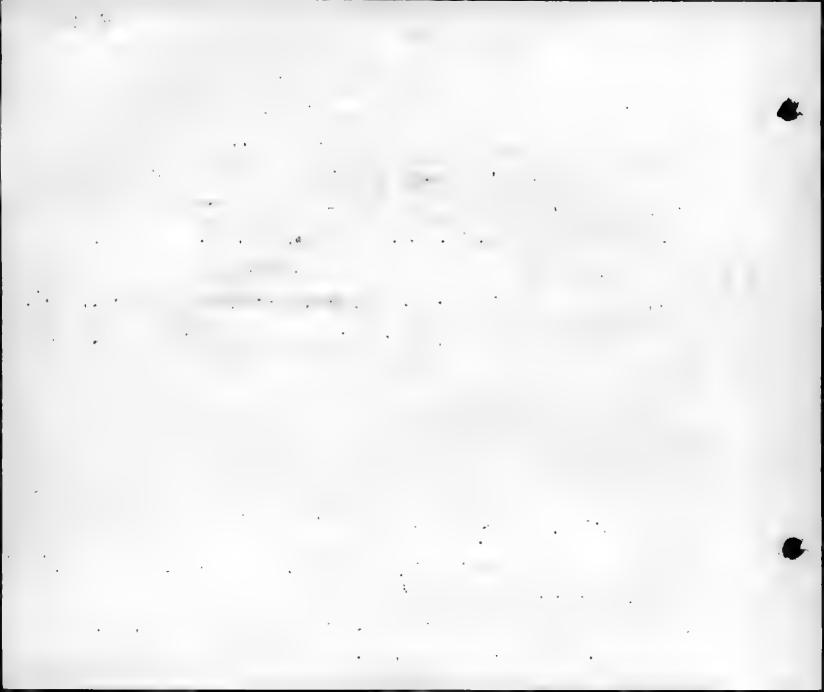
PLACE OF DEATH

may be retained by the haspital or attending physician.

TO FUNERAL MIRECTOR: After this certificate has been signed by page 3 Immold be detached for use as the Illurial-transit permit.

VS A15 (4) 15M 9/58

o. COUNTY		MARYLAND	o. STATE	VIRGINIA	COUNTY		
b. CITY OR TOWN (If outside		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ils, write RURAL one	give nearest	fown) V
RURAL and give rearest to		12 DAYS	RIDAVIL	Y,	8 X	*	
d. NAME OF HOSPITAL (IF IN	ot in hospitol, give stre	et oddress)	d STREET ADDRESS			e. fS	RESIDENCE
	ART HOSPIT	aL.	26 CARPETE	R AVE.			S NOX
3. NAME OF (Type or print)	First A IP무디기	Middle Sylvesto	tost r ROVE	4. DATE OF DEATH	Month	6 Day	Year 19
5. SEX 6. CO	LOR OR RACE 7 MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE	The second secon	ER I YEAR IF	
PAT, FR	UNITER WIDO	WED DIVORCED	2/11-96	73		Doys He	ours Min.
10a. USJAŁ OCCUPATION (Giv. Sturing most of working life. Store room	even if retired)	W. Md. RWY.	Hagerst			TI.S.A.	IAT COUNTRY
13 FATHER'S NAME			14. MOTHER'S MAIDEN				
SAMIR	R. ROWE		EMMA I	Krepps			
15. WAS DECEASED EVER IN U	5 ARMED FORCES?		NFORMANT	we 406 0	Address	St.,	Md. Cumb.
Conditions, if ony, wh gove rise to immedicouse (o), stating the und lying couse lost.	DUE TO  Other  DUE TO  Other  DUE TO  (c)  (c)	GUTEALE S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL D SEASE CONI	DITION GIVEN IN PA	ART 1(a) 19 y	AL BETWEEN AND DEATH
200. ACCIDENT WAS UND OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	JSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Part II of it	lem 18 )	YE	s □ NO [
ZOC. TIME OF INJURY Mon	th, Day, Year 20d Whi at w	ile Not while fo	ACE OF INJURY (Home, for ictory, street, affice bldg., et	m, 20f. (City or low	n)	(County)	(Stot
21. I certify that to alive an Actual SIGNATURE NAME (Type) DR.	J.T. JOHN	sq and than death	accurred at 1. 5. 16 Green	M, from the co	auses and an t	last saw the date sto	-
220. BURIAL, CREMATION, 22b REMOVAL (Specify) Burial	DATE THEREOF	Rose Hill			ity, town, or county erland.		(Stote)
23. FUNERAL DIRECTOR'S SIGN Charles L.		ADDRESS Cumberland, 1	d. DATE	JUN 1 0 59	24b REGISTRAR'S	SIGNATURE	~

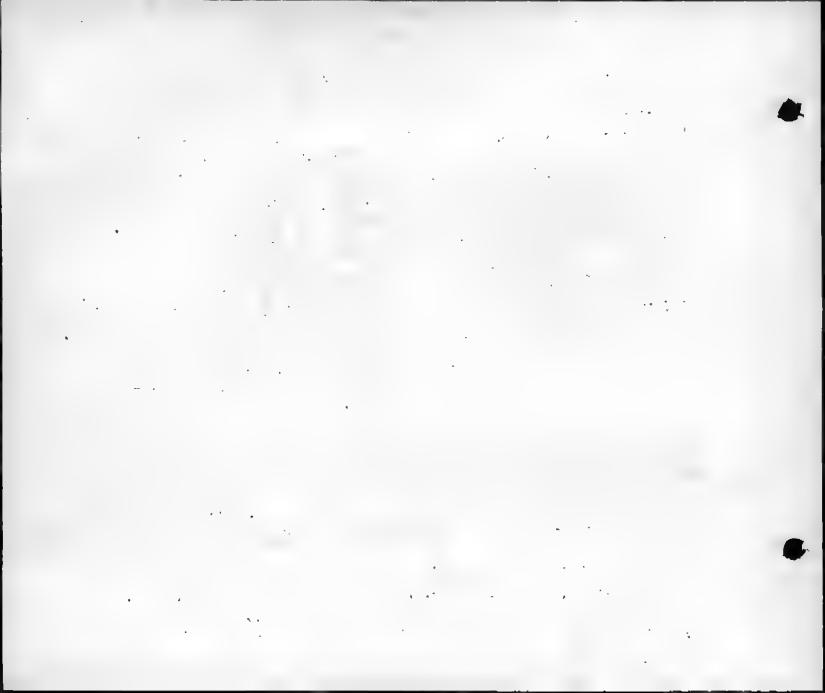


		625	1	CERT	IFICA	ATE OF D	EATH			Reg. Dis	it. No.	
1, P	LACE OF DEATH			MAR	YLAND	2. USUAL RESIDE		deceased liv	ed. If instituti b. COUNTY	ALLE	ce before c	dmission)
Ь	CUMBERLA	outside corporate limits, varest town)	write c. LEN	24 DAYS		c. CITY OR TO	WN (If out		limits, write f	RAL and g	give neares	t town)
d	I. NAME OF HOSPITA	EART HOSPITA	street oddress AL	)		d STREET AD		BENJEM	IN BANN	EKE R	1	S RESIDENCE ON A FARM? ES NO
D	NAME OF DECEASED Type or print)	First GEORGE		Middle	3	HONES	PHRIO DE P	DATE ST	JUNE Mor	1 <sup>th</sup>	Day	Yeor
s. s M	ex ALE	6. COLOR OR RACE 7. WEGRO W	MARRIED [	NEVER MARRI DIVORCE		EEB. 28,		9.	AGE (In years ast birthdoy) yrs			ours Min.
0a	USJAŁ OCCUPATION RATEROADE	N (Give kind of work don ag life, byen it retired)	B a	OF BUSINESS O	OR INDUS		CE (State of ST VII		77)	12. CITI	ZEN OF W	HAT COUNTRY
3. F	FATHER SNAME	macgu	uder			14. MOTHER'S A	nalden ha	ME				
IS. \ {Yes,	WAS DECEASED EVER	IN U. S. ARMED FORCES	16. SOCIAI	L SECURITY NO	- I In.	ho Vern	on 1	edm	and	lress CL	emb	. m &
		TH [Enter only one couse H WAS CAUSED BY IMMEDIATE CAUSE (o)			_	Fatlure					ONSET	AL BETWEEN AND DEATH
	332 X	DUE TO	Cerebr	al Thro	mbos	is, left	tempo	ral lo	be. wi	th		
	gove rise to im couse (a) stating II lying couse lost,	mediate Dus TO			. hen	orrhage a					3 110	ecks
CATION	PART IS OTHE	ER SIGNIFICANT CONDIT	IONS CONTRI				THE TERMINA	AL DISEASE CO	ONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED?
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE H	IOW INJURY C	OCCURRE	O (Enler nature of	injury in Pol	ri I or Port le	of item 18.)			
MEDICAL	Hour o m.		20d. INJURY While N	lot while		ACE OF INJURY (Hetory, street, office I		20f. (Cily or	town]	(0	County)	(State
- 1	21. I certify the	at I attended the de										
	ACTUAL .	June 13th	7)	_, and that		accurred at	ÄD	DRESS (Street	, city or town,	nd an the slote)	e date si	DATE SIGNE
	PHYSICIAN'S NAME (Type) W/	and F. Doern	er. Jr	., M.D.		M.D			Hotol - Maryl	land		
		22b. DATE THEREOF	22c	NAME OF CEM	-	R CREMATORY			\ {City, lown,		Vá	(Stote)
23. F	FUNERAL DIRECTOR'S	SIGNATURE		DDRESS	( )			Y REOISTRAI	24b. REG	ISTRAR'S SIC		4

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the ≡gistrar prior to burial, cre≡ation, ≡ removal, and in any event within 12 hab∢s after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

TO HOSPITAL OR VS A1S (4) 1SM 9/5B



#### FOR STATE HEALTH DEPT.

y please Poge of riles.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is need execute the certical, writing the word "pending" in pendit in item, 18. Give Pages 1, 2, and 3 to the funeral difference is should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yaur TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 applies with the State Baard of I are designated agent, prior to burial, cremotian, or removal, and in any event with 12 happy offer death.

**VS. A15ME** 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06264 6252 MEDICAL EXAMINER'S

CERTIFICA	IE OF DEP		
		Reg. Dist.	No.
		-	4 0/5(4)
2. USUAL RESIDENCE (	Where deceased lived.	If institution Residence	before admissio

ı	1. PLACE OF DEATH 0 COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)								
	Allegany	MARYLAND	o. STATE Maryland b. COUNTY Allegany								
- 1	b. CITY OR TOWN (11 outside corporate limits, we a RURAL and give reported fown)	c. LENGTH OF STAY IN 16	CCITY OR TOWN (If a	jutside carporate limits, write RURAL and gi	ve nearest town)						
	Cumberland	7 days	Cumberla	and							
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street address)	d STREET ADDRESS		e IS RESIDENCE						
	Memorial Hospital		620 Shriver Ave								
1	3. NAME OF First	Middle		OF	Doy Year						
	(Type or print) Anna	M	Ruble	DEATH June 28							
	5. SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED   8	DATE OF BIRTH	9, AGE (In years   IF UNDER 1YE   last builday)   Months   Day							
	Female White WIDOWED		Tune 1, 188	3 76 yrs.	ys Mours Min.						
	100 USUAL OCCUPATION (Give kind of work done 10b KII during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	TY IT. B RTHPLACE (Slote of	r foreign country) 12 CITIZEN	OF WHAT COUNTRY?						
	Housevife	Home	Cumberla	nd, Md. U.	S.A.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME							
-1	John Betzold		Mary S. 1	Fries							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SI	OCIAL SECURITY NO 17 IN	FORMANT	Address							
			Memorial H	ospitalCumberls	nd, Md.						
	18. CAUSE OF DEATH [Enter only one couse per line for	r (o), (b), and (c), ]			INTERVAL BETWEEK						
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Acute cardi	lac failure		24 hrs.						
-1	422./ DUE TO										
		teriosclerot	ic cardiov	ascular disease,	dvanced						
-1	gove rise to immediate couse (a), stating the underlying DUE TO										
-	couse lost.										
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY										
2	Fracture of left hip; Malnutrition, marked YES NO DE										
4	Fracture of 1.  200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED (En	nter notice of injury in Port I	or Part II of item 18.)							
1	1 - 4	ll at home i	n bathroom								
1	# 11	JURY OCCURRED 200. PLAC	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (County	) (Slote)						
	8 200 June 22 19 59 While	the rate williams	me	Cumberland, All	Leg.Md.						
	21. I certify that I loak charge of the re	mains described abov	re, held an Autapsy	, Inspection I Inquiry	and in my						
1	opinian death resulted from: Natural co	iuses 🔼 , Accident 🛭	]. Suicide [], Ho	amicide . Undetermined mai	nner 🔲						
	ACTUAL B + + VP	4			DATE SIGNED						
	SIGNATURE Desiralica Ski	larelic)	_M,D, CHIEF MEDICAL EXA	MINER -	ONIT SIGNED						
)	EXAMINER'S		ASSISTANT MEDICAL								
	NAME (Type) Benedict Skita	relic, M.D.	DEPUTY MEDICAL EX	AMINER & LUNG - 27	1,195 9						
	220. BURIAL, CREMATION, 226. DATE THEREOF 2	NAME OF GEMETERY OR	CREMATORY 2	12d LOCATION (City, lown, or county)	(State)						
	10 unial 1/1/57	St. oures	Cen.	(renterland.	ma.						
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / h	4 X / LIII	BY REGISTRAN 246. REGISTRAN'S SIGNAL 2 159 CARLING & A							
	James stein one.	( ume . 11	DATE 301	LL Ja CAMMIN B. 7.	Cratia						



TO HOSPITAL

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
CERTIFICATE	OF DEATH	

			527	CER	CHFIC.	AII	OF DEAL	П		Reg. D	ist. No	•	
ı	1 PLACE OF DEATH					2.	USUAL RESIDENCE (\	Where deceas	ed lived. If instituti	on Reside	nce befo	re admiss	ion)
1	Alle	anv		M	IARYLAND	1 '	o. STATE Mar	yland	P COUNTY	All	Lega	ny	
ľ	b CITY OR TOWN (If o	utside corporate lim	its, write	c. LENGTH OF S	TAY IN 16		c. CITY OR TOWN (I	f outside corp				)	
L	RURAL and give near	ırg				11	Frostburg						
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, (	give street	oddress)			d STREET ADDRESS	1				e. IS RES	FARM2
ļ		Hotel, E	. Ma	in St.		1 2	29 Water	Stre	et				NO
1	3. NAME OF DECEASED	Fo	rst		iddle		Lost	4. DATE OF	Mon	ılh	Do	ıy '	Yeor
1		EORGE		HE	CNRY	S	ANGED	DEATI	6		5		19 59
ı		COLOR OR RACE	7 MARR	IED NEVER MA	ARRIED 🔲		ATE OF BIRTH		9. AGE (In years lost hirthdox)	Months Months		_	R 24 HRS.
	M		WIDOWI	44.6	ORCED 🗍		2-16-1889		last birthday) 69 yrs	Months	Doys	Hoers	Min,
1	10a. USUAL OCCUPATION during most of working	(Give kind of work tife, even if retired	done 10b	KIND OF BUSINES	SS OR INDU	ISTRY	11. BIRTHPLACE (Sto	te or foreign	country)	1			COUNTRY
	Retired Ope		Re	staurar	ıt		Syria			U.	.s.	A.	
ſ	13. FATHER'S NAME					14	. MOTHER'S MAIDEN	NAME					
X	Unknown						Unknown						
J	(Yes, no. or unknown)	U S. ARMED FOR		SOCIAL SECURITY	NO. 17	INFOR	MANT		Add	ress			Md.
1	No	None _		20-10-21	142 W	m.	H. Sange	ed, 2	9 Water	St.	,Fro	stb	urg,
ľ	IB. CAUSE OF DEATH	[Enter only one co	ouse per lin	ne for (o), (b), and	(c).	1		1	0100	4		ERVAL BE	
1	PART + DEATH	WAS CAUSED BY:	ol		Car	de	vac Fax	Sure	KtSid	e	ON:	A AMO	DEATH Labor -
1	420.0	DUE TO		-0		2			1 0			4.0	1
1	Conditions, if ony,	which }	, oc	Neno	sick	en	olie	Hea	Notes	ense	. 6	Pay	2-
1	gove rise to immediate couse (a), stating the under-												
ı	lying couse lost. (c)												
١	PART II. OTHER	SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO	DEATH BU	TON	RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PAR	RT 1(0) 1	9 WAS	AUTOPSY
1	S											PERFO YES [	
1	PART II. OTHER  PART II. OTHER  20a, ACCIDENT WAS I OR CONTRIBUTING D URLE EITHER, NOTIFY ME	INDERLYING [	20b. DESC	RIBE HOW INJUR	RY OCCURRE	D. (En	ter nature of injury i	n Port I or Pa	rt II of item 18.)				
1		DICAL EXAMINER)											
1	20c. TIME OF INJURY Hour o, m,	Month, Day, Ye		NJURY OCCURRED	20e. Pl	ACE C	OF INJURY (Home, fo	rm. 20f (Cit	y or town)	-	County)		(Stote)
1	Heur o, m,	19	White of world	Not while of work	]	ctory,	street, office bldg., e	ec.)					
1	21. I certify that	Lottended the	decease	od from 50	nton	ao	19.58 to	0,,,,,	<u>5</u> , 19.59	Abad (	lauk		4
1	alive on San	an o . Pages	2 10 5	50	,	CK 13N	urred at 2:30	Du e	- the	,IIIQI I	last so	w the	aeceasec
ı				, ond 11	nui deun	i ucc	uried at 42.25	ADDRESS (	m the causes a Street, city or town,	ino on i itote)	ne aa	re state Da	ia abave ITE SIGNED
	ACTUAL SIGNATURE	other	12,	tour	· 4		2 13	ROA	dup	,		6/5	159
			_			, M.D.		-03.92 <i>F</i> 1			الــــــــــــــــــــــــــــــــــــ	1 4 /	700
	PHYSICIAN'S NAME (Type)	Tohn	<i>\\ \\ \</i> \.	DAV	is, M	10.		057	64R9		//	Yd,	
	220 BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREC	)F	22c NAME OF	CEMETERY C	OR CRE	MATORY	22d. LOC/	TION (City, town,	ar county)		(Slote	)
	Buriel	6-7-19	59	Frostb	urg 1	Ven	orial Pa	rk, F	rostbur	g		Md.	•
	FUNERAL DIRECTOR'S S	GNATURE, Haf	on 10	ADDRESS	T.T		24a. RE	C'D BY REGIS	TRAR 24b. REGIS	STRAR'S SI	GNATU	RE .	
K	Teeled H. Mond	23	E M	uneral	Tome	urc	DATE DATE	JUN 9	'59 (	Irthur	8. th	A44	



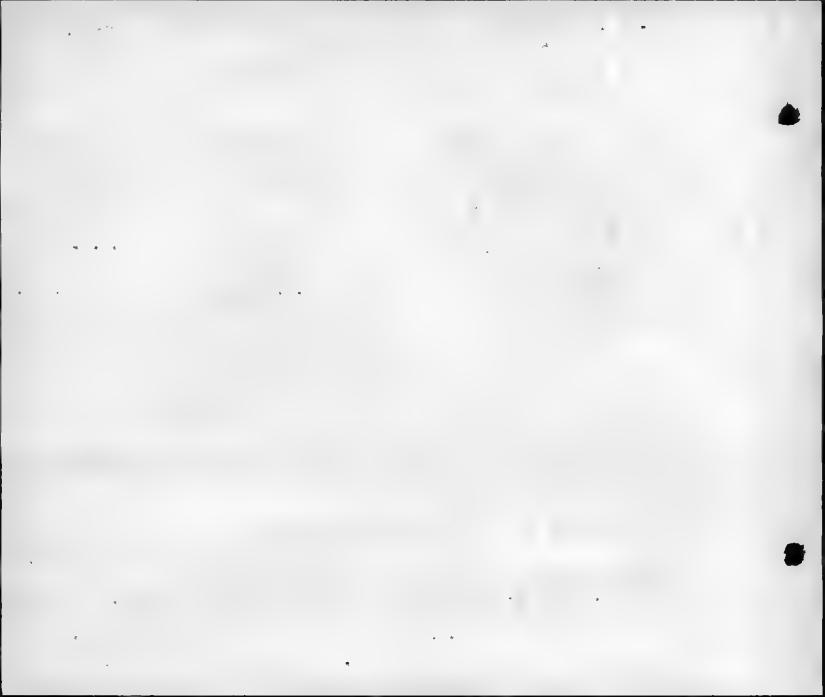
3			MARYLAND	STATE DEPARTM	ENT OF HEALTI	H—BALTIMORE, 1	8 06266
. /			. 6253	CERTIFICA	TE OF DEAT	Н	Reg. Dist. No.
director.	M	1. [	LACE OF DEATH . COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marvla	here deceased lived. If institution b. COUNTY	on: Residence before odmission) Allegany
uneral Id be fi			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write R	
by the 7	×		I. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 1922 Bedford, St.	t address)	d. STREET ADDRESS	edford, St.	e is residence on a farm? yes \( \) no \( \)
Iled in			PAME OF First PECEASED Type or print)  NOTMA	Middle Elizabeth S	Cehlund	4. DATE Mon OF DEATH JUNE	th Day Year 1, 1959
s winning the second se		5. 5	EX 6. COLOR OR RACE 7. MAR Female White WIDOW		8. DATE OF BIRTH 2/13/81	9. AGE (In years lost birthdoy) 70 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
and cample ban papers to death.	I		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper at	. KIND OF BUSINESS OR INDUS Home	Cumberla	nd, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
physician c move carb havrs after			John C. Schlund		Mary Gore		
ng phy:		15. (Ye	no. or unknown) (If yes, give wor or doles of service)		ter Schlund	Cumberland	ress
attendi n pleas vithin			18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).]	on		INTERVAL SETWEEN ONSET AND DEATH
equires man in in, signed by the sit permit. The nd in any even			Conditions, if ony, which gave rise to immediate case (o), stating the underlying cause last.	Chronic Survey Sur	e Meg Pervis	threto:	20
physicic physicic nas been ial-tran naval, a	0	IFICATION	PART II. OTHER SIGNIFICALITY CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
tending ificate hi the but		CERT	OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of item 18.)	
ratest al ar at this cert r use as emation		MEDICAL	Hour o. m. While	the same of the sa	ACE OF INJURY (Home, far- lary, street, office bldg., et		(County) (State)
led 20the haspit IRECTOR: After of the detached for prior to burial, or			21. I certify that Vattended the decear alive	sed from 7/12/5 and that death	occurred at 2 35	103	that I last saw the deceased and an the date stated above.
FIIAL e refair ERAL D 3 shouk jistrar p	1		PHYSICIAN'S NAME (Type)				,
o HOS may b O FUNI page 3		L	Burial Cremation, 22b. Date Thereof Burial 6/3/59	Trinity Luthe:	ran Cem.	Cumberland,	Md.
V5 A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE H. LeeSilcox Cumbe	erland, Md.	24a. REC		STRAR'S SIGNATURE Thus & House



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6254 **CERTIFICATE OF DEATH**

116267 Reg. Dist. No.

1	PLACE OF DEATH O COUNTY	Allegany		MARYL	AND	2. USUAL RESI	aryl	and	lived. If instituti b. COUNTY		lleg		
	c umb			7/23/56	N 1b		nac ol		rote limils, write R	URAL and	give nec	rest lowi	n)
	OR WILLS	Bany Count	y In	oddress) .firmary		d. STREET ADDRESS 4I - Front Street						e. IS RES ON A YES	HARM?
3	NAME OF DECEASED (Type or print)	Augus	tine	Middle		Scin	ta	4. DATE OF DEATH	Ju	me	ıς	3	Yeor 1959
- 65	sex Fema <b>le</b>	6. COLOR OR RACE White	7. MARR	RIED 🔲 NEVER MARRIED		I/I/	1870		9. AGE (In years lost-birthdoy) yrs.	Months	R 1 YEAR Days		ER 24 HRS Min,
i	Oa. USUAL OCCUPA during most of w Hous	TION (Give kind of work orking life, even if retired BWITE	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stote Scic:	or foreign co	ountry)		U.S.		COUNTRY
1	3. FATHER'S NAME I	gniazio Pa	C e			14. MOTHER'S	Mar	ina					
1	S. WAS DECEASED E Yes, no. or unknown)	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.				Box 5 ounty	99 Add Infirm				, Md
		DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or		pe for (o), (b), and (c).]	1sc	ardia	ela	Clier	uerati	, Ar	INTE	RVAL BE	TWEEN
		Conditions, if ony, which (b) Chreleral Arteris clerois ?											
	lying couse lost.  (c) Chronic hephritis												
40114040	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO												
14 010 214	20c. TIME OF INJ	1, 10	20d. If While at world	Not while	Oe. PLA	E OF INJURY (I	Home, farm bldg., etc.	, 20f. [City	or town)		(County)		(State)
	21. I certify alive on	that Lattended the 6/18/59	decease	ed from 7/2	3/5 leath		Tグ・つ	/18/5 OP. from	9 19 19 1 the causes a				
	ACTUAL SIGNATURE	auces	3	mher	<u>'C_</u> M	<sub>o.</sub> 49		ADDRESS (SI	treet, city or lown,			6/1	8/59
	PHYSICIAN'S NAME (Type)			lcLean			Cumb	erlar	d, Mar	lan	d.		
	Burial Speci	6/20/5		St. Marys		crematory emetery	7		ion (City, town, conaconi:			(Stot	e)
23	3. FUNERAL DIRECTO	R's SIGNATURE	Т	onaconina		Md.		BY REGISTI			IGNATUR Than		



TE EPT.			R'S CERTIFICATE OF DEATH	116268 Reg. Dist. No.
	1.	LACE OF DEATH . COUNTY	2 USUAL RESIDENCE (Where deceased lived If ins o STATE Pennsylvaniab cou	ititution: Residence before admission) NY Bedford
	<b>-</b> ,	Allegany MARYLA CITY OR TOWN (1 outside corporate units write BURAL c LENGTH OF STAY IN		
1 )		and give necrest town)	c. CITY OR TOWN (If outside corporate limits, we Hyndman	rite RURAL and give nearest town)
_/	-	Cumberland NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	Te is residence
99		Memorial Hospital D.O.A.	W. STREET PROPERTY	ON A FARMAP YES NOTE
	3	IAME OF First Middle ECEASED	Last 4. DATE Me	onth Doy Year
		Type or small	HAFFER DEATH June	12 1959
	5. 5	6. COLOR OR RACE 7 MARRIED NEVER MARRIED D	1 8. DATE OF BIRTH 9 AGE IIn veges	IFUNDER TYEAR IF UNDER 24 HAS
		Male White WIDOWED DIVORCED	August 19,1900 RR	Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI Cleaning	USTRY II BIRTHPLACE (Stole or foreign country) Hyndman, Pa.	12 CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
		laude Burton Shaffer	Nellie Bruck	
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 (If yes, give wer or dates of service)	INFORMANT Addr	en -
		172-30-4298	B.B. Shaffer, Hyndman,	Pa.
1		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY	_	INTERVAL SETWEEN
•/		(MMEDIATE CAUSE (o) Intracant	al Hemorrhage	5-10 Min.
20		O ol 3 X Due to		
		Conditions, it ony, which gove rise to immediate couse (b) Skull Fre	cture	5-10 Min.
		(a), stating the underlying DUE TO		
	N	PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUT NG TO DEATH B	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION (	GIVEN IN PART I(e) 19 WAS AUTOPSY
1	And	1		PERFORMED?
	TIFIC	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.  206. DESCRIBE HOW INJURY OCCURRE	(Enter nature of injury in Part 1 or Part 11 of item 16.)	1.00 110 M
	Ü	1 4 2 5 5 1 7 1	Auto Wreck	
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.)	(County) (State)
) /	MED	1:20 June 1219 59 While Not while of work	Street Cumber	and Alleg Md.
		21. I certify that I took charge of the remains described a	bove, held an Autopsy . Inspection [	Inquiry Y, and in my
		opinion death resulted from Notural causes . Acciden		
		0 060 -	,	_
		ACTUAL SENEOLET Skitarelis	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		EXAMINER'S	ASSISTANT MEDICAL EXAMINER	
*		NAME (Type) Benedict Skitarelic, M.	D. DEPUTY MEDICAL EXAMINER Jun	e 12, 1959
		BUY 131 June 15, 1959 Hyndman,	or crematory 200 Location (City, town Pa. Cemetery Hyndman, Pa	a. Beaford Co.
		BUNERAL DIRECTOR'S SHOWATURE		
	23.	June of heale, Hyndman, Pa.	24o. REC'D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE  CINTLOWN & HOUSE

-



VS A15 (4) 15M 10/57

A Let X	
and the state of t	

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6273 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

07436

1,	PLACE OF DEATH  o. COUNTY		2 USUAL RESI	DENCE (When	e deceased live	d. If institution: Resider	ice before o	dmission)					
	Allegany	MARYLAND	a. STATE Maryland b county Allegany										
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
-	Frostburg	Lifetime	22Frostburg										
,	d NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	el address)	d. STREET A	S RESIDENCE ON A FARM?									
	Miners Hospital		47 F	Broadw				ES NO X					
3	NAME OF First DECEASED	Middle	Los	4	DATE OF	Month	Day	Year					
	(Type or print) EDGAR	WILLIAM	SHUCK		DEATH	June	30	19 59.					
5.	SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTI	Н	9 AC	E (In years IF UNDER		UNDER 24 HRS					
	M WIDOWED DIVORCED 5-29-1906 lost birthday) Months												
100	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired)												
P	lumbing contractor (	own business	Clar	rysvil	lle. Md	1.	U.S.A						
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NA	ME								
Y	Robert Shuck		Nelli	le Klo	sterm	an							
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6 SOCIAL SECURITY NO 17 1	NFORMANT					- Ma					
1	The state of the s	214-05-7885 W	illiam	Shuck	c. 84 I	Addres Fro	a from	R b Mr.					
-	18 CAUSE OF DEATH [Enter only one cause per			AL BETWEEN									
	PART I. DEATH WAS CAUSED BY:		ONSET.	AND DEATH									
	420.1 DUE TO		15	hrs.									
	, –	oronary Thron	ah a ari a				mo	loma 0					
	gave rise to immediate		16	hrs.?									
	couse (a), stating the under- lying cause last.												
z	16												
ATIO		P	ERFORMED?										
EFF	None  200 ACCIDENT WAS UNDERLYING   206. DI	YE	S NO 🔼										
CERTIFICATION	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTHER, MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	o fruit noise o		, , 41 ( 0, 1) 41	10.1							
		INJURY OCCURRED 20e. PL	ACE OF INJURY (I	Home form	204 (C.b 4			48					
MEDICAL	Hour o.m. Whi	e _ Not while for	ctory, street, affice	bldg., etc.)	201 (City or 10)	wuì (e	County)	(State)					
12		ork of work			- / /-								
	21. I certify that I attended the deced				5/30/59	9, 19that I	last sow	the deceased					
	alive on 6/30/59 19	, and that death	occurred at				he dote s						
	ACTUAL	277-1-1		AD	DRESS (Street, c	city or town, state}		DATE SIGNED					
	SIGNATURE / LE A J T L 2 2 4	6 Class Eags	мб. <u>48</u> ]	Broady	MAY			7/1/59					
	PHYSICIAN'S		<b>T</b>	. 47	203								
	NAME (Type) Martin M. Rot)	nstein M.D.	Fro:	stour	g, Md.								
220	BURIAL, CREMATION, 226 DATE THEREOF	224 NAME OF CEMETERY O			2d. LOCATION (	(C ty town, ar county)		(State)					
-	Burial 7/4/59	St. Michael			Frosth			Md.					
23	FUNERAL DIRECTOR'S SIGNATURE Hafer	Funeral Home			BY REGISTRAR	245 REGISTRAR'S SIG							
121	uled A. Mritisant 23 E.	Main, Frostb	urg, Md	DATE JUL	1 3 '59	Critica &	Tiraces						



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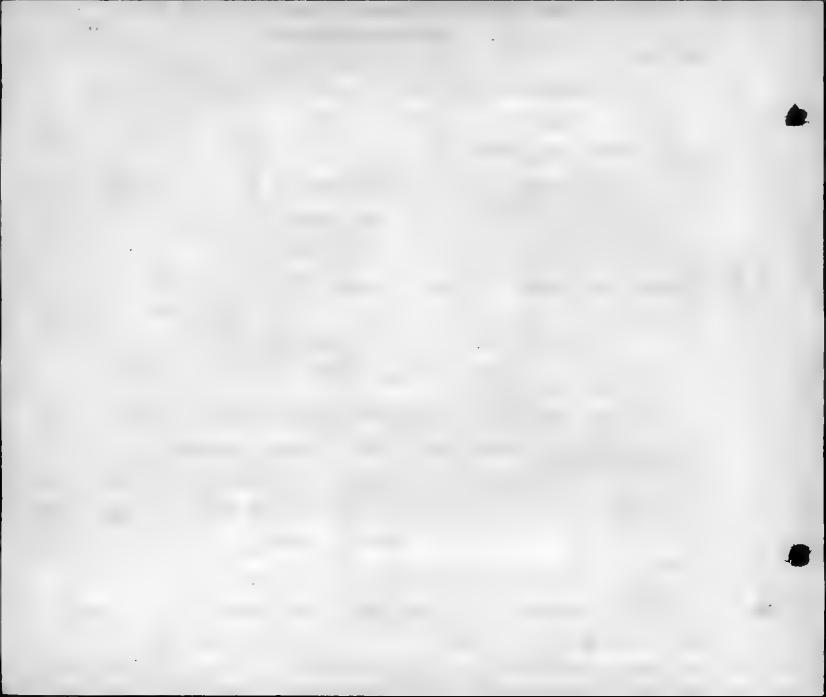
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

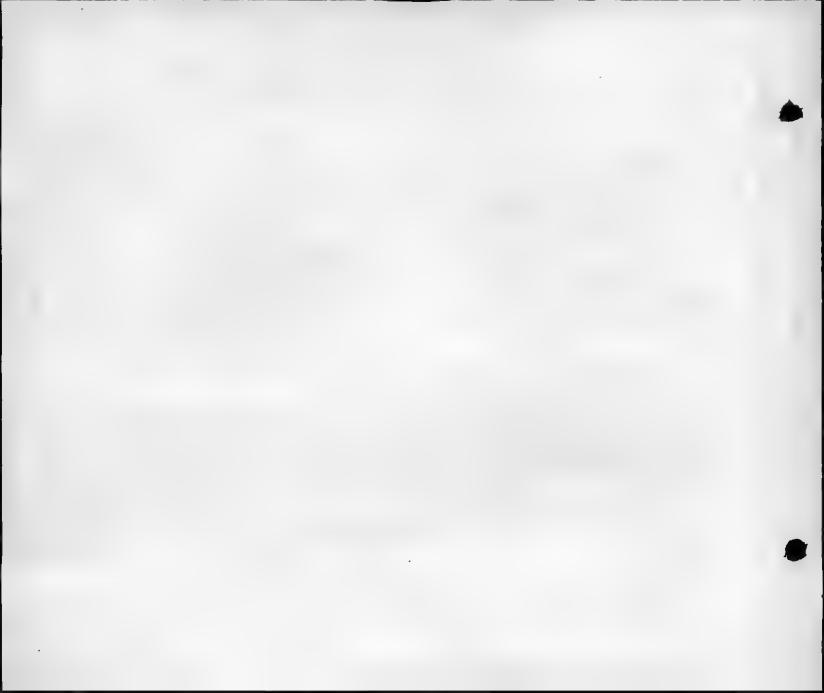


6257 CERTIFICATE OF DEATH

Ŀ											Reg. Di	st. No.		
ľ	o COUNTY	7			MARYLAND		USUAL RESIDENCE (No. STATE			d. If institution				sian)
		legany		1		_	Mary				WII	ega.	-	
	RURAL and give r		its, write		H OF STAY IN 16		c. CITY OR TOWN (II	_	_	limits, write R	URAL ond	give nea	rest towi	n)
	Cumber			60	years	0		perl	and					
	OR INSTITUTION	109 Jack					d. STREET ADDRESS	Jac	ksor	St.				SIDENCE A FARM? I NO [7]
1	3. NAME OF First				Middle	_!		4. DA						
Ľ	DECEASED (Type ar print)	Ma	ry		Ellen		Snyder	OF	ATH	Mon J	une	29		19 59
5	. SEX	6. COLOR OR RACE	7. MAR	RIED 🔲 NE	VER MARRIED	8. D/	ATE OF BIRTH		9 A	GE (In years				ER 24 HRS
	Female	White	WIDOW	ÆD 🔀	DIVORCE D	Ja	an, 29, 188	31	7	8 yrs.	Months	Days	Hours	Min.
11	On. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF B	USINESS OR IND	USTRY	11. BIRTHPLACE (Sto	te or farei	gn country	γ)	12. CI	IZEN O	F WHAT	COUNTR
L	during most of working life, even if retired) HOUSEWIFE			Own	Home		Terra F	Hute	. In	ıd "		US	A	
ī:	3 FATHER'S NAME					14	MOTHER'S MAIDEN							
L	The state of the s	omas Leak					Mary	Ste	vens	3				
1:	5. WAS DECEASED EVI	R IN U. S. ARMED FOR	ICES? 16.	SOCIAL SEC		INFO				Addr				
L	no				IV.	irs.	. Howard	Ise	r,Cu	mberl	and,	Md		
		ATH [Enter only one co	use per li	ine far (a), (l	b), and (c).)							INTE	RVAL BE	TWEEN
	PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1		-lle	-900-1	execu	X.				CINS	3	DEATH
l	7 L5 X	DUE TO			/		.9	,						
	Conditions, if c		1	1/2/2	eje	0	ard	1	-				12,	-gaco-
ı	gave rise to immediate couse (a), stating the under-													
ı	lying couse last (c) Arthering of your Zayer													
2														
E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)													
71617	200 ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW	INJURY OCCUR	RED. (En	iter nature of injury in	n Part I ar	Port II of	f item 18.)			117 ()	
		CAUSE OF DEATH MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJUI	RY Manth, Day, Ye	or 20d. I	NJURY OCC	URRED 20e. I	PLACE	OF INJURY (Hame, for	rm. 20f.	(City or to	awn)	£(	County)		(State)
24	Hour a, m,	19	While	Nat w	hile	actory,	street, office bldg., e	rtc )		·				(0
1		and I make a dead also			77		19 5 5 ta	Au	2017	C (7	2			
П	1	nat lattended the	deceas					0.		<u> </u>	Sthat I	last sa	w the	decease
П	dive on		, 19	·	and that deat	h acc	orred at 7:55					he dat		
П	ACTUAL	mD.		+	7. ~ ~ . 7	X	D70			city or town,		т.		ATE SIGNE
	SIGNATURE	Overy		- CA	a cu	MB.	236	) V1.	rgin	ia Av	е,	J.	une	30-
	NAME (Type)	Dr. Clav	E_ T	פיני <b>יו</b> נול	t. <del>t.</del>		Cun	her	lend	. Md.				
2		ON, 226 DATE THEREC			E OF CEMETERY	OP CRE								
	PEMOYAL ISPECITY	July 2.								(City, town, o			(State	e}
23	3. FUNERAL DIRECTOR		ALU U	ADDR		Dul				rland			c	
	James F. Scarpelli, Cumberland.							L'D BT KE		24b. REGIS	IKAK 2 SIL		E	

oth: Page 4 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR VS A15 (4) 15M 10/57



1.	Nicon			MENT OF HEALTH—BALTIMORE, 18	06271
FOR ST	ATE		6287 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	
HEALTH	1		PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased I'ved. If institution; Reside	
S S S S S		_	Allegany Marylani	b Md Gari	100
A EX		"	D. CITY OR TOWN (If outside corporate limits, write RUPAL ond give nearest lown)		g ve neorest town)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Luke 1 day	Mt. Lake Park	113
d for Boar	X	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  W. Va. Plup & Paper Mill	d. STREET ADDRESS	ON A FARM? YES NO K
nerra nine are ath.		3.	NAME OF First Middle	Lost 4. DATE Month	Doy Yeor
deltu refor		1	DECEASED (Type or print) Lloyd Junior	Stark DEATH June	7 1959
o the be the coffe		5, 5		B. DATE OF BIRTH 9 AGE (In years   IF UNDER	TYEAR IF UNDER 24 HES
# # H		M	ale White WIDOWED DIVORCED	Mar 4, 1915 (ost b rividor) Months Months	Days Hours Min.
onk onk onk onk onk onk onk onk onk onk		100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUduring most of working life, even if retired)	STRY   11 BIRTHPLACE (Stole or foreign country)   12. CITI	ZEN OF WHAT COUNTRY?
F. 2.		M	achine coater Paper Mill	Penn. U.	S.A.
Par San	I.	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Pog e			Lloyd Stark	Nancy Long	
Sylve File File		Y92	no. 6f Unknown) 4 (If yes, give way or dates of paywre)	INFORMANT Address	
THE STATE OF THE PARTY OF THE P			No 216-09-8488	Mrs. Lloyd J. Stark -Mt. Lake Pa	
m Tig			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Shoots Frances	0 ( <del>0</del>	ONSET AND DEATH
uted and of o			PART I. DEATH WAS CAUSED BY: Shock, Exangu:	ination	5-10 Kin.
il in fice fron	1		9/2.3 DUE TO	totion of wight los	E 10 16
a digital	,		gove rise to immediate cause	tation of right leg	5-10 Min.
in the same of the			(a), stating the underlying DUE TO		
sho omi os o		2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PAR	T I/ON 19 WAS AUTOPSY
cofe in Ex	0	18		The second secon	PERFORMED?
HE SECTION OF THE SE		E I	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)	
Me Me		CERTIFI		ator at W.Va. Pulp and Paper Co.	
hief hief shou		WEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PI	LACE OF INJURY (Home, form, 120f (City or town) (Cou	inty) (Stote)
NEW TO THE POPULATION OF THE P	01	MED		ktory, street, office bldg. etc.) Factory Luke. Allegens	. Maryland
Pag Pri			21. I certify that I took charge of the remains described ab		
eat.			opinion death resulted fram. Natural causes . Accident	Suicide , Homicide , Undetermined r	monner [
			1 1 1 1 1 1	/	- 4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
For For Porce	0		SIGNATURE Desidect Sketarelic	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
AL AL	06		EXAMINER'S Popodiat Claitonalia II D	ASSISTANT MEDICAL EXAMINER	. : 0
ould auld NER		22	NAME (Type) Benedict Scitarelic, M.D.	DEPUTY MEDICAL EXAMINER 3 June 7, 19	
A SASS			BURIAL CREMATION, 1226. DATE THEREOF Philos	OR CREMATORY 22d LOCATION (City, lown, or county) Westernport, Md.	(Store)
5 . 4 5 .		23	FUNERAL DIRECTOR & SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b, REGISTRAR'S SIG	NATURE
VS. A15ME BM 2757	y		& O. Boy Westernport,		

BM 2/57

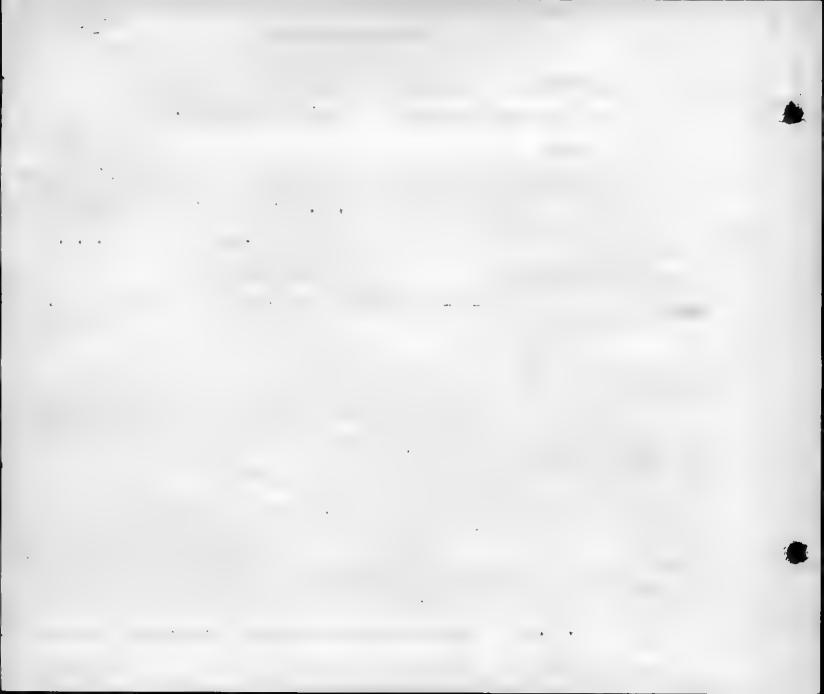
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1 201		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	06272
- X		. 6288 CERTIFICATE OF DEATH	Reg. Dist. No.
director, led with	1, 1	PLACE OF DEATH COUNTY  Allegary  MARYLAND  2 USUAL RESIDENCE [Where deceased lived. If institution state of the county of the co	
E d d		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write R	
in page	R	ural Little Orleans 6 Yrs X Little Orleans Md.	
42 % A %		d. NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION  COMMO	e. IS RESIDÊNÇE ON A FARM? YES NO
d in d	3.	NAME OF First Middle Lost 4. DATE Mon	ith Day Year
fille ges		(Type or print) Theodore Herman Starrett DEATH	
Po Po	5. 9	lost birthdoy)	Months Doys "Hours Min
ed sed	100	WIDOWED DIVORCED DEC. 29.1896 62 yrs.  USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
A CO P	100	during most of working life, even if retired)  Allegany Ponna	U.S.A.
p F F	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
e ciù se		Albert Starrett Malissa Johnson	
phys mov hour		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Add	
ing ing 72		No \$79-12-0696 Amanda L Starrett Little	Orleans Md.
leaf leaf ithir		18. CAUSE OF DEATH [Enter only one couse per lige for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
ne of a second		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brown Jumps	2 mo
eve the		DUE TO	
any any any		Conditions, if any, which (b)	
sign d in		couse (a), stating the <u>under-</u> tying couse tost.	
icion icion icion cen ansi ansi , on	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY
Phys Phys of the To	ATIC		PERFORMED? YES NO Y
ding Jing buri rem	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
then the strength of the stren			
f <b>75</b> or o se o se o of o	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while foctory, street, office bldg., etc.)	(County) (Stote)
t to the second	W	p. m. Jornata Jornata	
hosp hosp ed f			,,that I last saw the deceased
Dur tack		alive on 112 25 19 59 and that death accurred a 9:458 M, from the causes of ADDRESS (Street, city or town,	
PRECTO		ACTUAL SIGNATURE Frank B Thomas III MO MD. 121 High Street	6-13-59
retoined RAL DIR should it stror pri	L	PHYSICIAN'S NAME (Type) Frank B. Thomas III M.D. Hancock, id.	·
OSP: CNER CNER CNER CNER CNER CNER CNER CNER	220	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, REMOVAL (Specify)	or county) (Stote)
O HO D G O FUN The re		Burial   6.15.59   Pineys Plains MethodistLittle Or]	
VS A15 (4)	23.		STRAR'S SIGNATURE
15M 10/57		Hourist of shove francock ma DATE MIN 16'59 C	Irithur, S. Kroud

ı



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06273 6258 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with 2. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) p. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Allegany c CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) E. LENGTH OF STAY IN 16 Cumberland Rural Cimberland d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 099 RD#5 Winchester Road YES TO NO K Dos Memorial Hospita 3. NAME OF DECEASED Middle DEATH June 28.1959 (Type or print) Wibliam Ezra Suder 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS June 24. 1890 WIDOWED | DIVORCED [7] Male 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY (11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TISA Pennsylvania Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Matilda Geiger James Henry Suder IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT , (if yes, give way or dotes of service) 214-05-7802 Mrs. Nina Suder, Cumberland, Md. RD/ 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),? ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MUOCARDIAL INFARCTION 420.1 DUE TO CORONARY ARTERY DISEASE Conditions, if ony, which ) gove rise to immediate DUE TO couse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES NOW SAY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c, TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not while of work alive an 6.28.59 ......, 19 and that death occurred at 4:25PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 441 N. CENTRE ST should PHYSICIAN'S NAME (Typo) 1 1 L LAM P. LAMES, M.D. O FUNERAL CUMBERLAND, MD. 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, town, or county) July 1,1959 Rest Lawn Memorial Park Cumberland, "d. 24a. REC'D BY REGISTRAR JUL 8 59 24b. REGISTRAR'S SIGNATURE Layler Hyndman, Pa. Cirthun S. Kines 1SM 10/57



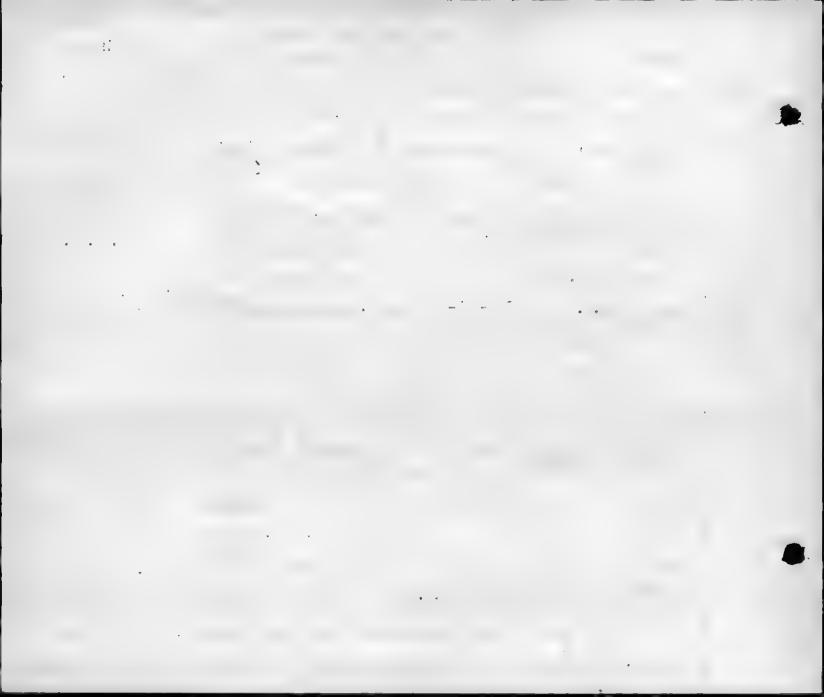
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY			-	2 USUAL RESIDENCE (W	here deceasi		on: Residence I	before admi:	ssion)
d. COUNTY	Allegar	v	MARYLAND	Marv]	and	6. COUNTY	Alleg	2717	
b. CITY OR TOWN ( RURAL and give n	If autside carporate lim		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		orate limits write R			vn)
Frost			3 days	Eckha	rt.				
	TAL (If not in haspital, a	give street	oddress)	d. STREET ADDRESS					SIDENCE
	's Hospit	al		/					A FARM2
3. NAME OF	Fil		Middle	Last	4. DATE	Man	th	Day	Year
(Type or print)	Mai	nde	J.	Taylor	OF DEATH	Jun	e 9t	th.	19 59
5. SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED			9. AGE (In years	IF UNDER 1 Y		
Famle	White	WIDOWI		Apr.16th,	1886	last birthday)	Months Da	ys Haurs	Min
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign	country)	12.CITIZEN	OF WHAT	COUNTRY
Housewi	king life, even if retired	OW	m housework	Marylar	h		TT	SA.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	ALC: NO.			3 <u>H</u> -	
Benja	min Jenki	ne		Tono Me	h				
	R IN U.S. ARMED FOR		SOCIAL SECURITY NO	Jane To	ору	Add	ress		
(Tes. no. or unknown)	(If yes, give war or dates of s	213-	-09-6608 Mr	s.Geo.Kroll	203	E.Main	St.F	the.	.Md.
IB. CAUSE OF DE	ATH [Enter only one co	use peg lii	ne far (a), (b), and (c)		1)	/	1	INTERVAL B	SETWEEN
	ATH WAS CAUSED BY:	1	MAMRICA	butou ?	Thea	nka:	1	ONSET ANE	DEATH
4201	IMMEDIATE CAUSE (o		1 1	and 1	1000	coe 72		7.10	Ty.
Conditions if o		14	whosten	115				24	11
gave rise to i	immediate (	1	111	wor .				2./-	
couse (a), stating lying couse last.	ine under-								
	, 10	DIRONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART 1/	gl 19 WAS	AUTOPSY
ATIO	Diake	te	1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFO YES I	ORMED?
20g ACCIDENT W	AS LINDERLYING TO	20h DESC	CRIBE HOW INJURY OCCURRE	D. /Enter nature of injury in	Part Lor Po	et II of stem IR.)		I IE3	1 100
PART II. OTI	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)			as terror motore or miles,					
		or 20d H	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	20f (Cit	or town!	(Cour	m tul	(State
Havr a.m.	19	While	Nat while fo	ctory, street, office bldg , etc	c.)	y 01 10mily	(Com	*(7)	(aidie
-			k at wark	3 % 0	1				
21. I certify th	nat I attended the	deceas		J, 1954, 10		,_,,	that I last :		
alive and	re 4	, 19_2	and that death	accurred at					
ACTUAL	Cal Band	N	P	7/7		Street, city ar fawn,		DA	TE SIGNE
SIGNATURE	MIOII	11	me	M.D. 167	ក្ <sup>ំ</sup> Ws	in Stre	et, o	June	-10
PHYSICIAN'S								195	4
	W. O. McL			I.D. Fros		, Md			<u> </u>
220 BURIAL, CREMATIC REMOVAL (Specify	1		22c NAME OF CEMETERY C			TION (City, town,	or county)	(Sto	,
Burial	6-12-5	9	F'bg.Memor	ial Park	Fro	stburg,		Md.	•
23. FUNERAL DIRECTOR			ADDRESS	24a. REC	'D BY REGIS	TRAR 246. REGIS	STRAR'S SIGNA	ATURE	
L Joseph R	. Durst.	Fros	sthurg, Md.	DATE	IN TET	50	41 . 0 4		

VS A15 (4) 15M 9/5B





# FOR STATE HEALTH DEPT.

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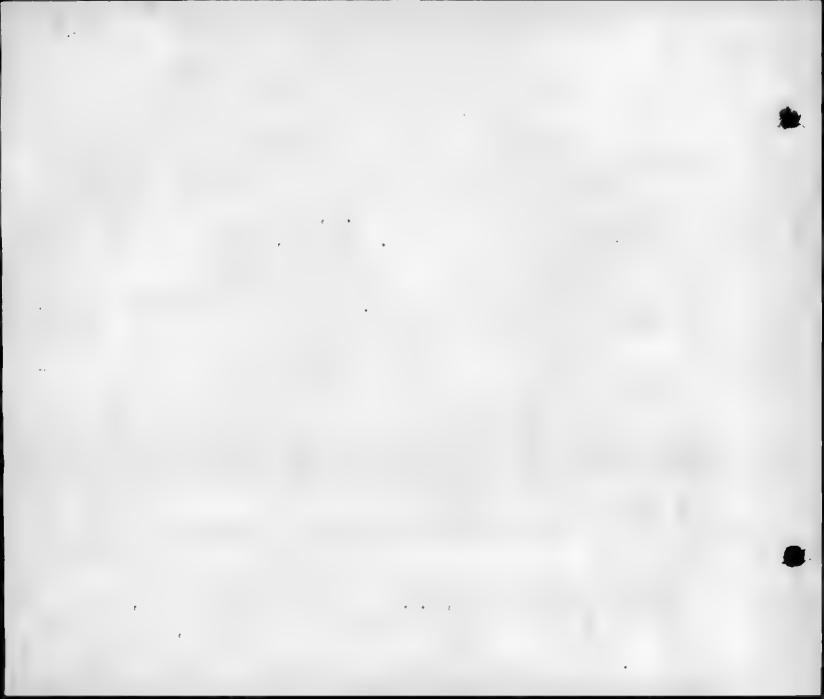
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6260 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06276

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN I'd autside corporate binits, willia RUFAE c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 'Cumberland Cumberland vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM 210 Cecelia Street 210 Cecelia Street YES 🗍 NO 🎏 3. NAME OF Middle 4. DATE Yeor DECEASED THRASHER Russminer LEE (Type or print) JAMES DEATH 10 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9 AGE (in yours IFUNDER TYEAR, IF UNDER 24 HRS hait birthday) Months Hours Male White WIDOWED IT DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Rawlings, Maryland USA Celanese Corp. Retired Machinist 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Catherine Shepherd Nelson Thrasher 210 Cecelia Street 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Mrs. Myrtle Thrasher Cumberland, Maryland yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) INTERVAL BETWEEN sudden Coronary occlusion PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) DUE TO Coronary Sclerosis Conditions, If ony, which) gave rise to immediate cause DUE TO (o), steting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS ALTOPSY PERFORMED? NO TA 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection [7]. apinian death resulted fram: Natural causes 🗱 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner 🗍 DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Benedict Skitarelic, M.D. June 7,1959 220. BURIAL CREMATION 224 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) June 10, 1959 Sunset Memorial Park Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland arthur S. Thomas

A Shauld To Be UTY A Shauld To SW 5/57

forworded DIRECTOR:



## FOR STATE HEALTH DEPT. Poge ry, please r files. Heofth,

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necrose execute the certificate ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral distance 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained forfyour TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 ord 2 with the State Board of an Its designated agent, prior to burial, cremation, or removal, and in any event within 2 haurs, effer death.

VS A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06277

Reg. Dist. No

"	PLACE OF DEATH e. COUNTY Allegan		I MARYLAN	2. USUAL RESIDENCE (		If institution: Residence	before admission)				
	b. CITY OR TOWN it outside paporate toward a ve neorest town)  Mt Savage M	ferland c. 1	LENGTH OF STAY IN T	CONN	1 1 1 1	ith, write RURAL and gr	ve negresi town)				
-	d. NAME OF HOSPITAL OR INSTITUTI			d. STREET ADDRESS	d. STREET ADDRESS  e IS RESIDENCE ON A FARM?						
	Memorial Hosp	italDOA		202 F. F	ayette	St	YES NO Z				
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Doy Year				
	(Type or print)	James	Dalton	Troutman	DEATH	June 24	19 59				
	M. White	RACE 7. MARRIED WIDOWED S	DIVORCED 🔲	March 31, 18	9. AGE (loss birth	In years IFUNDER 19 hdept Months Do yrs.	FAR IF UNDER 24 HRS ys Hours Min.				
100	o. USLAL OCCUPATION (Give kind of during most of working life, even if rel	work done 10b. KIND ired)	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (510H		1	J S. A.				
13.	Amos Trou	t man		14. MOTHER'S MAIDEN	1 Blubai	ugh	Commission of the Commission o				
	. WAS DECEASED EVER IN U. S. ARME is, no, er unknown) (If yes, give wer or d	D FORCES? 16. SOCI ofes of service) 213 -	AL SECURITY NO. 17	Thoodron Tre	torian	Address Cl 12810 Fresh	veland 1 oh				
	18. CAUSE OF DEATH Enter only or	ne couse per line for (a	), (b), and (c).]			T	INTERVAL BETWEEN DINSET AND DEATH				
	PART I. DEATH WAS CAUSED IMMEDIATE CAU	SE (o) Acut	e Cardia	c Failure, 1	Pulmonarv		audden				
	11 21/11	E 10									
	Conditions, if ony, which)	(b) Card	iac Hype:	rtrophy, Mar	cked						
	gove rise to immediate cause ( (a), stating the underlying	E TO									
	couse lost.	(c)									
Ž	PART II, OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BL	IT NOT RELATED TO THE TERM	INALDISEASE CONDIT	ION GIVEN IN PART I	o) 19. WAS AUTOPSY PERFORMED?				
3		conary os	teal nar	rowing, right	nt and le	ft	YES NO				
CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	206. DESCRIBE HOV	W INJURY OCCURRED	(Enter noture of injury in Po	rt f ar Part II of Hem 18	<b>5</b> )	A AMERICAN TO AMERICAN SPEED				
MEDICAL	20c. TIME OF INJURY Month, Do Hour o. m. p. m.	While	Not white of work	PLACE OF INJURY (Home, for actory, street, affice bidg., etc.	n, 20f. (City or town)	(County	(State)				
	21. I certify that I took ch	orge of the remo	sins described o	bove, held on Autops	y 💢 . Inspectio	on X, Inquiry	X, and in my				
	opinion deoth resulted from	n: Natural cause	es Acciden	t 🔲, Suicide 🔲,	Homicide [],	Undetermined ma	nner 🔲				
	ACTUAL SIGNATURE SIGNATURE	ct Skite	trelia)	M D. CHIEF MEDICAL E	_		DATE SIGNED				
		t_Skitare				une 26, 1	959				
220	BUTIAL CREMATION. 276. DATE TO		merset A	1	22d. LOCATION (City  SOYY	r, town, or county)	(State)				
73	FUNERAL DIRECTOR'S SIGNATURE	My	ADDRESS Della	Lale Pa DATE N		th. REGISTRAR'S SIGNA					



## HEALTH DEPT.

y, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is neckny please execute the certificate ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral dispersion of the context of the chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event withful 22 hadrs after death.

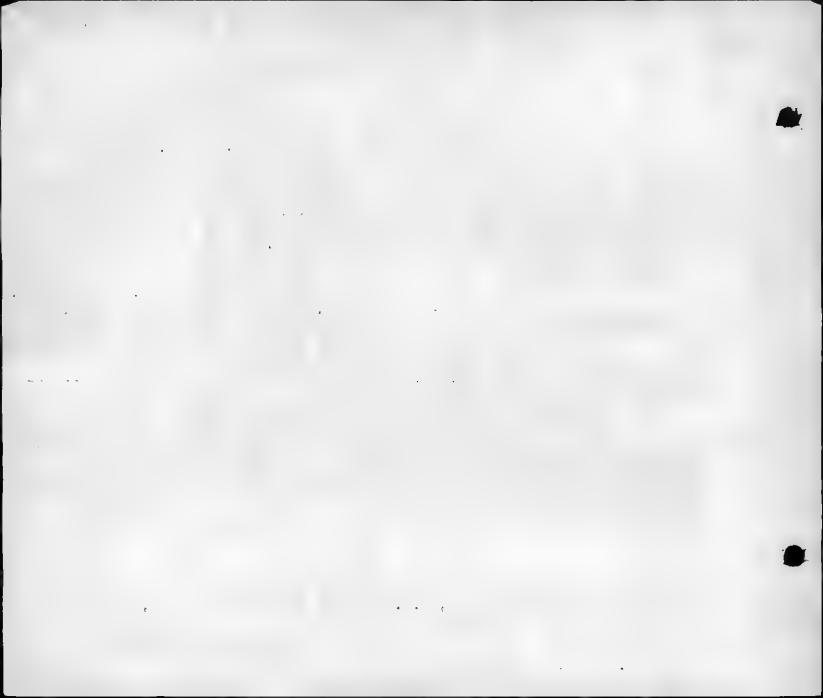
VS. ALSME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06278 6262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	V	~	•	Ŧ.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. if institution: Residence before odmission)  o. STATE TO D. COUNTY ATT TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA							
b CITY OR TOWN (if eutside corporate hintls, write RUPAL c. LENGTH OF STAY IN 1b and give neares) town]	c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town)							
DOA	A Linear As							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d, STREET ADDRESS  e. IS RES DEN E ON A FARM							
a. made tarked att a total	Valley Pd. Rt. 1 YES NO 13							
3. NAME OF First Middle	Lost 4. DATE Month Day Year OF							
(Type or print) GEORGE HETRY	TWIGG DEATH JULE 9 19 59							
5. SEX W 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DAYE OF BIRTH  9 AGE tin years   IFUNDER 1YEAR IF UNDER 24 HRS.							
対色器器	122 25, 1901 53 yrs Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Mill Worker KELIY SPRUGFIN	D PENA Hyndman USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
CECT, IWIGG	FIVA JANE LEIGHTY							
(Yes, no. of unknown)   (If yes, give war or dates of service)	INFORMANT Address Rt. 1, Valley Rd.							
YTS 214-05-763	5 Mrs. Howard Hillegass Cumberland, Maryl							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) COPONARY OCC								
420,1 DUE TO	WAR W 4 V 86							
Conditions, if any, which (b) Coronary Sc	lerosis							
gove rise to immediate cause [8], stating the underlying DUE TO								
couse last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
[8]	YES NOWED							
206, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COLORED.	(Enter nature of injury in Part I or Part II of Item 18.)							
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 120f. (City or lown) (County) (State)							
Hour a.m. thile of work of work	street, office bidg., etc.)							
21. I certify that I taak charge of the remains described ab	ove, held an Autapsy 🔲, Inspection 🟋, Inquiry 🟋, and in my							
opinion death resulted fram: Natural causes 🔀. Accident	, Suicide, Homicide, Undetermined manner							
ACTUAL B 1 4 10-7	DATE SIGNED							
SIGNATURE Desidect Skilarded								
EXAMINER'S	ASSISTANT MEDICAL EXAMINER							
NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER TITLE O 1050							
	A dute 9, 1909							
220. BURIAL, CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (C'ly, town, or county) (Stote)							
Property of the state of the st	R CREMATORY 22d LOCATION (City, fown, or county) (Stote)  al Park Cumberland, Maryland							
220. BURIAL, CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY  22d LOCATION (C'ty, town, or county)  (Stote)  (Stote)  All Park  Cumberland, Maryland  24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							



6263

CERTIFICATE OF DEATH

	, 0,4	700						Reg. Dist.	No.			
D. COUNTY				2. USUAL RESID	ENCE (Wh	ere deceosed l	ived. If institution	n: Residence	before admission	n)		
	LUGALY		MARYLAND	J. SIAIL	MD.		b. COUNTY	T ?	হাল মান			
	(If outside corporate limits	, write c. LENG1	TH OF STAY IN 15	c. CITY OR T	OWN (If o	utside corpora	te limits, write Ri	JRAL and give	nearest town)			
O MERICAL PARTIES	AND		L DAY	X cm/Bra	CT. TS							
d. NAME OF HOSE OR INSTITUTION				d. STREET A					e. IS RESID ON A F	ARM		
NAME OF	SACRED HEAR	<u> </u>		RT 45	)				YES 🔣	NO [		
NAME OF DECEASED (Type or print)	First דה וזיין דיי		Middle S	Cost Cost		4. DATE OF DEATH	Mont	th T	Day Ye	or Pだり		
SEX		7		8. DATE OF BIRTH		9	AGE (In years	IE LINDER 1 V	EAR IF UNDER	3.7		
MATE	7 17 7 77 77 77	<sup>7</sup> MARRIED ∰ NI WIDOWED ∭	DIVORCED	SEPT.22-			last birthdoy)		ays Hours	Min		
. USUAL OCCUPAT	TION (Give kind of work doorking life, even if retired)	one 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State	or foreign cou	ntry)		N OF WHAT CO	UNTR		
Tractor		Frei	ieht	M	arvla	nd		U.	S.A.			
FATHER'S NAME				14. MOTHER'S								
ORBI	TWIGG			Net	tie S	lider						
WAS DECEASED EV	VER IN U. S ARMED FORC	ES? 16. SOCIAL SE	CURITY NO.	NFORMANT			Addr	ess				
No. of discounty	(If yes, give war or dates or ser	220-10-	1,91,7	Luis ull'	T							
	EATH [Enter only one cou-							Ī	INTERVAL SETV	WEEN		
	FATH WAS CAUSED BY-			,					ONSET AND D	PEATH		
	IMMEDIATE CAUSE (6)_	Acute Pu	Imonary Ec	iema					8 hours	<u> </u>		
4-20.1	_			- 0				}	2 days			
Conditions, if ony, which Acute Tyocardial Infarction												
gove rise to immediate DUE TO												
tying couse lost.   Hypertensive & Arteriosclerotic Heart Disease												
PERI PERI												
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port t or Part II of item 18.) (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
20c. TIME OF INJU		20d. INJURY OC	CURRED 20e. PL	ACE OF INJURY (F	lame, form,	, 20f. (City o	r town)	(Cou	inty)	(Sto		
Hour o. m	10		while fo	ctory, street, office	bldg , etc.	)						
21 L cartify	that I attended the o			20 1059	to Tur	i 12th	1050	Sheet I leat				
	Tune 12th.		and that death									
unive on		- 12-dd	and man dean	occurred div			le causes and et, city or town,		DATE			
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_		30	1	M.D	, veriliaries		<del></del>					
PHYSICIAN'S NAME (Type)	MAND DOWNER	R. M.D.		A	CIPRIA	יותון דורין	Transcript	nerland	Md			
PRINTER SENDER		22c. NA	ME OF CEMETERY C				DN (City town, o		(State)			
Burial	6/11/59	Mt.	Pleasant						Maryland			
FUNERAL DIRECTO			RESS				R 24b. REGIS	TRAR'S SIGN	ATURE			
Ruth F	Silcox Cum	harland	Marrolai	ad l	DATE -11	IN 1 R IS	0 0	+1 0.	20			

moy be retained in a haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbeg papers. Pages 1 and 2 should lie filed with after remayal, the registrar prior ta burial,

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

TO HOSPITAL OR

VS A15 (4) 15M 9/58

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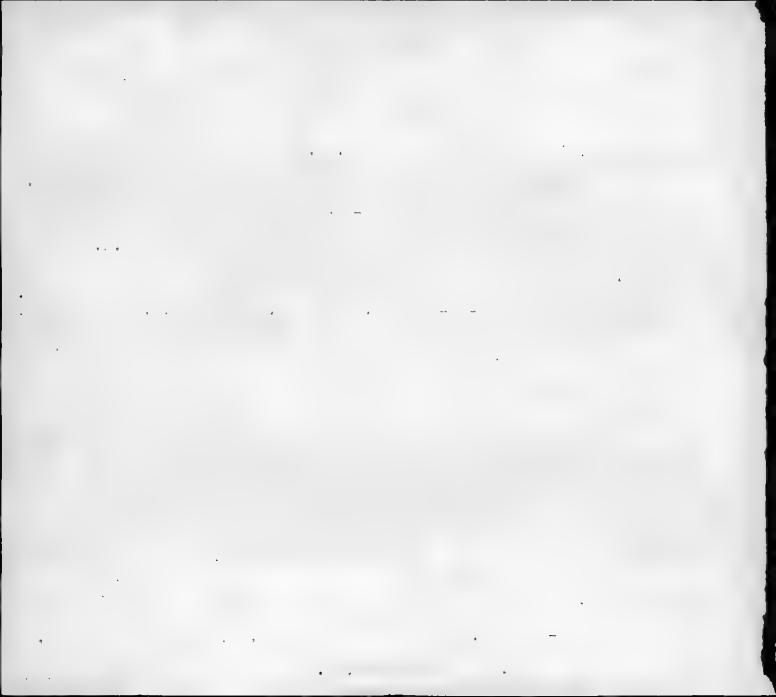
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter this Poge 4 may be retained by the hospital or altending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of the physician or completely filled in by the fine of director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled with the puring the new treatment of the puring the new treatment of the puring the new treatment of the puring the puring the new treatment of the new treatm

Rea. Dist. No.

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1, PLACE OF DEATH 6. COUNTY					2. USUAL RES	IDENCE (Wh	ere deceased			idence before	odm'ssio	n)
A1	legany		MAI	YLAND		Maryla	and	b. COL	G.	rrett		
b. CITY OR TOWN ( RURAL and give n	If outside carparate limi	ls, write	c. LENGTH OF STA	Y IN 1b				rate limits, wi	ite RURAL o	ond give neare	est lawn)	
Frostbu	rg		6 week	CS	Fre	stbu	rg			11	X'	2.
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street	address)		d STREET	ADDRESS				e.	IS RESID	ENCE
	Miner's H	ospi	tal		R.	D. #2					ON A F	NO 🖸
3. NAME OF DECEASED	Fir	sl	Midd	le	le	ost	4. DATE		Month	Day	Ye	Or
(Type or print)	LULU		G <b>R</b> RTRUI	DE V	AMPLE	R	OF DEATH	June		19t	h, 19	59.
5. SEX	6. COLOR OR RACE	7 MARR	HED NEVER MARI	RIED 🔲 8	DATE OF BIR	TH		9. AGE (In y	ears IFUN	DER TYEAR II		
F.	W	WIDOWI		_	8-21-		1	49	ay) Mont	hs Days	Hours	Min
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work i king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHI	PLACE (State	or foreign co	untry)	12.	CITIZEN OF	WHAT C	OUNTRY
Housewi	fe		Own hor	18	Ga	rrett	Cour	tv		U.S.	A -	
13. FATHER'S NAME						S MAIDEN N		4				
John L.					Ida	Raven	scrof	t				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	FORMANT				Address			Md
No	None		L7-28-05	as Mr	. Edw	ard L	. Wan	pler.	R.D.	#2.Fr	ostb	
18. CAUSE OF DEA	ATH [Enter only one co	use per lig	or (p), (b), and (p	11/							VAL BETV	
PART I. DEA	TH WAS CAUSED BY:	. 4	silk	OVI	ma	. /	In	4		ONSE	AND D	EATH
1915	DUE 10				/ / / LBC	- Labor	<i>V</i> / -				5 4	uces
Conditions, if o		0										
gave rise to i	mmediate											
couse (a), stating the under.												
lying cause lost.	) (c											
PANT II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT N	IOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN	PART 1(o) 19.	WAS AU PERFORM	TOPSY
5										Y	ES 🔲 I	10/8
U (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY	OCCURRED	(Enter nature	af injury in P	ari I ar Pari	II of item 18.	)			7
20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY	IHame, farm,	20f. (City	or town)		(County)		(State)
Havr a, m.	19	While at wark	Nat while	facto	ry, street, offic	ce bldg., etc.)		·		,//		(0.0.0)
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	nat I attended the	decease	9 1	<u></u> C	Z, 19	0	1)	/		I last saw		
alive an	save Les	_, 19	, and tha	t death (	occurred of					n the date	stated	abave.
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ACTUAL SIGNATURE	11/1/	4	tone	М	.D	12	12/	mu	9	Lie	02	20
PHYSICIAN'S NAME (Type)	100	77	Lane			-	m	1/	1	19	59	7
220. BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEA	AETERY OR	CREMATORY		22d 100 AT	ON (City, to		on form for the	(Etale)	
Burial	6-22-59	1.4										
23. FUNERAL DIRECTOR		11/	ADDRESS	Come	rena	240 05010	BY REGISTR	Fros		SIGNATURE	N	d.
B. O. D. H. W.	THE WHE	fer	Funeral	Home				9				
South H. Moulesant 23 E. Main Frostours Md DATE JUN 24'59 arting S. Kraus												

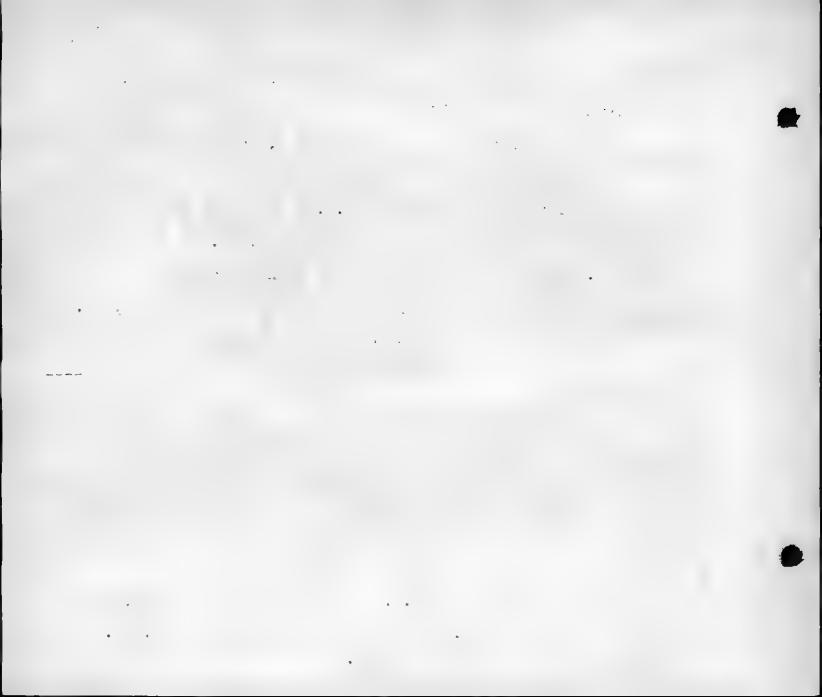


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss pn) o. COUNTY Health, · STATE Maryland b COUNTY Allegany MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Cumberland Cumberland Board d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . d. STREET ADDRESS e. IS RESIDENCE ON A FARM Memorial Hospital Route 2. Baltimore Pike YES NO State death. 3. NAME OF Muddin DATE Year DECEASED (Type or print) DEATH John Welch 9 1959 June 8 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 6 BATE OF BIRTH 9 AGE the years IF UNDER TYPAR IF JINDER 24 HRS with w last birthday) 32 yrs Months Male WIDOWED DIVORCED [ Feb.4,1927 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mechanic Garage Cumberland. Md. USA 13. FATHER'S NAME TA MOTHER'S MAIDEN NAME James E. Welch Krxi Clara Rice 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Yes 24 1636Kathaleen Welch Cumberland, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion, Left Sudden IMMEDIATE CAUSE (o) **DUE TO** Coronary Sclerosis Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS ased PERFORMED? YES NO 20o. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour of work of work D. III. 21. I certify that I took charge of the remains described above, held an Autopsy [X Inspection . and in my should be forworded to FUNERAL DIRECTOR: For its designated agent. opinion death resulted from: Natural causes 17. Accident 17. Suicide 17. Homicide 17. Undetermined monner ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER June 9, 1959 220 BURIAL CREMATION, 1276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stota) REMOVAL (Specify) St. Peter & Pauls Cem Cumberland, Md. ۳ و 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME Byron Kight Cumberland, Md.

5M 2/57

DATE JUN 1 1 '59

Cilling & Kana



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TO HOSPIT	may be re	TO PUNEKA	poge 3 sh	the registr
	SM			

MARYLAND ST	ATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6265	CERTIFICATE	OF	DEATH	

		1)	6	2	8	9
4	Dist	Bil.	~	~	0	-

1. PLACE OF DEATH a. COUNTY	TV	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Naryland	ceased lived. If institution: Resident B. COUNTY	ence before admission)
b. CITY OR TOWN (I	If outside carporate limits, write earest town]	c. LENGTH OF STAY IN 16	2c. CITY OR TOWN (If autside		give nearest town)
Cumber	Land	3davs	425 Chestnut	Cumbe	rland. Md.
OR INSTITUTION	TAL (If not in hospitot, give street	oddress)	d. STREET ADDRESS Cumberland,		e. IS RESIDENCE ON A FARM?
Sacrad Ha	art Hospital		Cumber Tanu,	arytanu	YES NO
3. NAME OF DECEASED (Type or print)	First Tizabeth	Middle	Windemuth 4. D.	ATE Month	Day Year 30 1959
5. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH		R I YEAR IF UNDER 24 HRS.
Female	White willow	WH-	9-13-82	1ast birthdoy) Manths 76 yrs.	Days Hours Min.
10a. USUAL OCCUPATIO during most af war	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State or fare	ign country) 12. C	HIZEN OF WHAT COUNTRY?
House	ewife C	wn Home	Maryland	Cumberland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	Change J Lang	
George	Windemuth		Wilhelmina	Borchert	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
NO pr unknown	(If yes, give wor or dates of service)	one	Sac Sac	red Heart Hos	nital Records
Tre CAUCE OF DEA	See Co		Pt. 's chart		
	ATH [Enter only one cause per I	ne for (a), (b), and (c).	NH1		INTERVAL BETWEEN
PARI I. DEA	ITH WAS CAUSED BY: IMMEDIATE CAUSE (a)	purmmin.	fun censis		87lain
///X	DUE TO		7		7
Conditions, if a	an which )				
gave rise to i	mmediate				
cause (a), stating					
lying cause last.	(c)				
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY
EA .					PERFORMED?
200. ACCIDENT WA	IS UNDERLYING TI. 206 DES	CPIRE HOW INITIPY OCCUPRE	D. (Enter nature of injury in Part 1 a	c Part II of Stam 16.1	1 12   140
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	ACTUAL TOWN WOOM OCCURRE	s. tenes nature of injury in Fart Co	Trun it of hem to.	
20c, TIME OF INJUR	,,,		ACE OF INJURY (Hame, form, 20f.	(City or town)	(County) (State)
Hour o.m.	19 While	1101 111110	ctary, street, affice bldg., etc.)		
		/ / /	1 1054 . /	20 .30	
	at I attended the deceas	70	1927 to le-		last saw the deceased
alive an4	r = 30 19 <sup>2</sup>	,,,,, and that death		from the causes and on	the date stated above.
	8 . 1.	1	ADDRE	\$5 (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE	Lean 100	mes	M.D. 5/6/2000	LO/,	7-1-59
PHYSICIAN'S NAME (Type)	EWIS B.	RINGS	Cums	husband Mr	el
22a. BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY O	R CREMATORY 22d. L	OCATION (City, town, ar county)	(State)
Burial	7/3/59	Greenmount Ce	metery Cum	berland. Mary	land
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		EGISTRARE & 24b. REGISTRAR'S, S	IGNATURE
John J. Ha	efer, Cumberla	nd. Maryland	DATE	6 S	1 S. Throng

CHILD COME OF BEATH NAME OF THE PERSON AND POST OF THE PERSON NAMED IN COLUMN And bearing the Declared Control of the state of the s Anna Principal Control of the Part of the

TO HOSPITAL OR

M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
0000			

5289 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  Allegany  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. STATE b. COUNTY Allegany
b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland years d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Route 2, Creek Road	Rt. 2. Creek Road YES NO NO
3. NAME OF DECEASED (Type or print) OLIVE VA METER WITH	TT Lost June Nonth Day Yeor 59
	B. DATE OF BIRTH  P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Peb. 26, 1912  P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Rt. 2. Creek Rd. Cumberland, Marylandus
House wife Own Home	14. MOTHER'S MAIDEN NAME
John W. Stafford, Sr.	Elsie Mae Messick
	NFORMANT Rt. 2, Creekad pad
(Tex, no, or onknown) (If yes, give wor or dates of service) (Che	as. F. Witt, Cumberland, Maryland
ICAN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. PL While Not white of work of work	ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stole) tory, street, office bldg., etc.)
ACTUAL SIGNATURE FRANK COLLEGE	occurred at 9.40 A.M. from the couses and on the date stated abave.  ADDRESS (Street, city or you, stop)
220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF REMOVAL (Specify)	(Sidie)
Burial June 13, 1959 Mt. Herma 23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  John J. Hafer, Cumberland, Maryland	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The state of the s	DATE JUN 1 6 '59 Crithur S. Florida

the state of the s THE RESERVE OF THE PARTY OF THE 2301 2000 12 12 12 Water to the Water and the same of Concernations (Lees Total KEN DI- 3 KEN HILL 1 2 01.7 the me that I can be seen but the sale of th manager of the second content of the second content of the second of the Philipping (Marchell 1998) 1998 1998